

Registration Form

Start Date		Class Title									Fee		
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Company Name			Company	Company Address, City, Zip					Co	ompany Phone			
Purchaser Name			Purchase	Purchaser Email Address				Purchaser Date of Bi			f Birth		
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Class Fee (per person)		X	# of Attendees	=	Sub Total Registration Fee Amou				noun	t			
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If applicable enter the Promo Code with Discount Amount		Сс	ode:					al Registration Fee ount Due \$					



METHOD OF PAYMENT

REGISTRATION AND PAYMENT OPTIONS

- The CTED-Seminar Support Staff can assist you with registrations made with cash, check, or money order. We can also provide guidance while you complete a registration online with a credit card.
- Invoice to agency is available for Public Safety events. However, if your agency is to be invoiced, the invoice payment must be paid by check.

Registration:	Payment Options:			
In-person	Payment can be made with cash, check, money order or			
	invoice to agency			
Mail	Payment can be made with a check, money order or			
	invoice to agency			
	Pay to the order of and mail to:			
	NWTC-CTED			
	2740 West Mason Street			
	Green Bay, WI 54307-9042			
Online at http://events.nwtc.edu	Payment can be made by credit card or invoice to agency			
Phone 920-498-6373	Payment can be made by invoice to agency			

INVOICE INFORMATION FOR PUBLIC SAFETY REGISTRATION

Agency Sponsoring Attendee	Agency Phone			
Agency Address	City	State	Zip	
Authorizing Contact Name	Authorizing Contact Phone	Authorizing Contact Emai		

Note:

Completion of Invoice information authorizes NWTC to bill the agency above for the training fees.

Out-of-State fee may be higher.

CANCELLATION POLICY:

Cancellations received two full business days (M-F) before the start of the training are eligible for a full refund.

Agencies or individuals canceling with less notice, or failure to attend without notice, are responsible for the full fee. NWTC may cancel training because of insufficient enrollments or other circumstances requiring it.

If NWTC cancels the training, participants will receive a full refund.