NONPROFIT CERTIFICATION PROGRAM

REGISTRATION FORM

NAME _____

AFFILIATION_____

ADDRESS _____

CITY _____ STATE_____ ZIP_____

DAY PHONE _____ FAX _____

E-MAIL _____

Discount Information (One discount per class where applicable)
Ohio State Faculty/Staff ID# _____ Alumni (Degree/Year)_____

FirstLink Staff ID#_____ Over 60 (Birth date)_____

Course #_____ Course Name _____ Start Date_____

Course #_____ Course Name _____ Start Date_____

Course #_____ Course Name _____ Start Date_____

Are you 18 or older? ____Yes ____No
Ohio State Parking Only – Will you be driving to this/these courses(s)?
____Yes ____No
Do you have a valid Ohio State parking permit? ____Yes ___No
Disability Accommodations –Please call:
For Ohio State Classes – (614) 292-8571
For FirstLink Classes – (614) 221-6766 x123

PAYMENT: Method of Payment
Program Fee $_____ __ Check or money order enclosed
(Payable to The Ohio State University)
Less Discount $_____ __Visa __MasterCard __DiscoverCard
____ Master Card ____ Visa Card ____ Discover Card
Card Number _____
Late Fee ($15) $_____ Expiration Date _____

TOTAL $_____ Name on Card_____
__ Bill my company at the above address
PO #_____

For Office Use Only: Ref # WNPC08 SNCP08
Coder _____Date_____
PT_____
Amount _____
CCA#Ch#100-W#_____