

Registration Form for Non-Credit Classes

Please complete this form in its entirety and include payment in order to reserve a seat.

Personal Information
Name:
Address:
City:
State:
Zip Code:
E-mail Address:
Phone (H):
Phone (W):
Social Security Number:
Date of Birth:

Non-Credit Class Fees

CE 105 – CPR for Health Professionals	\$75
CE 106 - CPR: Adults, Children and AED	\$70
CE 107 – First Aid	\$60
Praxis Prep Courses (EDU 700C or EDU 700A)	\$300

Late Registration Fee: \$50 Registration form & payment need to be received 7 days prior to the start of the course to avoid a \$50 late registration fee.

Drop Fee: \$50 No drops will be accepted after the training begins

Payment Method (must be submitted to register)
<input type="checkbox"/> Check (payable to Trinity) <input type="checkbox"/> Money Order
<u>Credit Card:</u> <input type="checkbox"/> AmEx <input type="checkbox"/> Discover
<input type="checkbox"/> MC <input type="checkbox"/> Visa
Account Number:
Expiration Date:

Please indicate the course and cost in the table below :

Course Code	Course Title	Dates/Time	Cost
Total →			

I understand that I am responsible for and agree to pay all charges I incur at Trinity, whether or not my employer initially agreed to pay my tuition. If I withdraw, I must do so in accordance with the policies and procedures for the semester in which I am enrolling. I understand that if my account becomes delinquent, I will be liable for collection of legal costs. My signature below is approval for the release of any training certification cards to my address above.

Signature _____ Date _____

Return this form with payment to:

Trinity – Office of Continuing Education (Main Hall 464) 125 Michigan Avenue, N.E. Washington, D.C. 20017

Phone: 202-884-9300 **Fax:** 202-884-9084 **Email:** ContinuingEd@Trinitydc.edu