

## 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) <span style="float: right;"><input type="checkbox"/> Money Order</span>
<b><u>Credit Card:</u></b> <span style="float: right;"><input type="checkbox"/> AmEx <input type="checkbox"/> Discover</span>
<span style="float: right;"><input type="checkbox"/> MC <input type="checkbox"/> Visa</span>
<b>Account Number:</b>
<b>Expiration Date:</b>

*Please indicate the course and cost in the table below :*

Course Code	Course Title	Dates/Time	Cost
<b>Total →</b>			

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