



*NY Communications Training Centers, Inc.*

35 W. Jefferson Ave., Pearl River, NY 10965 845-353-9269 Main / 845-353-9270 Fax www.nycomtc.com

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## Course Registration Form

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**Registrant Information (please print)**

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_ City / Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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**Employment Information (please print)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City / Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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**Course Titles (please check one)**

- 10-HR / CFR1926 - Construction - \$150.00
- 30-HR / CFR1926 - Construction - \$450.00

Preferred Course Date (choose from course calendar dates) \_\_\_\_\_

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**Distribution Options (please check one)**

- Release certificate / card of completion to student after class
  - Mail certificate / card of completion to company address
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**Payment Information (please print)**

Check Payment (payable to NY Communications Training Center, Inc.)  
Check # \_\_\_\_\_

Credit Card Payment      Master Card      VISA      AMEX

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

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