



MULTIPLE REGISTRATION DISCOUNT FORM

**REGISTER ONE PERSON AT THE ADVERTISED TUITION PRICE (EARLY OR REGULAR),
RECEIVE A 10% DISCOUNT ON ANY ADDITIONAL REGISTRATIONS FOR THE SAME CLASS!
REGISTRATIONS MUST BE FOR THE SAME CLASS, AND SUBMITTED AT THE SAME TIME!**

This offer pertains to CFTWS Public Classes—Tuition Only, excludes Distance Learning Options

303-629-1591 (fax) ♦ 1009 Grant St., Ste. 102, Denver, CO 80203 ♦ info@CFTWS.org

This document may contain privileged and/or confidential information. It is intended solely for the use of CFTWS and will not be shared without written permission.

CLASS TITLE _____ **CLASS DATE** _____

Course/Section # _____ **Class Location** _____

ATTENDEE(S)

Attendee _____

Title _____

Branch Location _____

Phone Number _____

E-Mail Address _____

Attendee _____

Title _____

Branch Location _____

Phone Number _____

E-Mail Address _____

Attendee _____

Title _____

Branch Location _____

Phone Number _____

E-Mail Address _____

Attendee _____

Title _____

Branch Location _____

Phone Number _____

E-Mail Address _____

YOUR ORGANIZATION AND PAYMENT METHOD

Organization _____

Contact Name _____ Title _____

Address/City/State/Zip Code _____

Phone Number _____ E-Mail Address _____

*Authorized Signature for Billing (Required) _____

This signature authorizes CFTWS to invoice this institution for any balance due for tuition/fees/textbooks for the attendee(s) including any withdrawal, transfer or late fees.

PAYMENT METHOD: Invoice Organization Check Enclosed (payable to CFTWS) VISA/MC# _____

Exp. _____ Cardholder Name _____ Signature _____

**By providing the attendee(s) e-mail address, you are giving CFTWS permission to confirm this registration and send periodic curriculum updates.*

**I certify the accuracy of all information on this application and hereby grant permission to CFTWS to provide the attendees' course grade(s) to the personnel director of my organization, and/or colleges/universities/training organizations that co-sponsor a CFTWS program. I have read and agree to all of CFTWS'*

REGISTRATION CONFIRMATIONS MADE VIA E-MAIL ONLY. IF NO E-MAIL IS PROVIDED, PLEASE CALL TO CONFIRM.

CFTWS • 1009 Grant St., Ste. 102, Denver, CO 80203 • 303-825-1590 • 303-629-1591 (fax) • www.CFTWS.org

THIS FORM MAY BE REPRODUCED FOR ADDITIONAL USE

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