

**The Center for Empowerment and Employment Training  
(CEET)**

**REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Semester \_\_\_\_\_ Today's Date: \_\_\_\_\_

.....  
Course Name \_\_\_\_\_ Day \_\_\_\_\_

Course Name \_\_\_\_\_ Day \_\_\_\_\_

Course Name \_\_\_\_\_ Day \_\_\_\_\_

Course Name \_\_\_\_\_ Day \_\_\_\_\_

Course Name \_\_\_\_\_ Day \_\_\_\_\_

Course Name \_\_\_\_\_ Day \_\_\_\_\_

\*\*\*\*\*

**METHOD OF PAYMENT**

\_\_\_\_ CASH \_\_\_\_ CHECK \_\_\_\_ MONEY ORDER    AMOUNT \_\_\_\_

Check No. \_\_\_\_\_ Please make all checks payable to CEET.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_