

**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: _____