

**CTC Registration Form**  
**3516 Banyan Dr., Springfield, IL 62712**  
**Springfield Area: 217-585-2244**  
**1-800-705-8204/Fax : 217-585-2245**

Company Information:

Company Name:

Company Address:

City:  State:  Zip Code:

Company Phone Number:

Attendee Information:

Name:

Address:

City:  State:  Zip Code:  Phone:

Full Course    Renewal Course    On-Line Course   Course Code:

Email Address for Online Course:

Name:

Address:

City:  State:  Zip Code:  Phone:

Full Course    Renewal Course    On-Line Course   Course Code:

Email Address for Online Course:

Credit Card Payment: (only if faxing or mailing in; if filling out online, please call with number):

Circle One:    Master Card    Visa    Discover

Credit Card Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_