

REGISTRATION FORM

TUITION:

Tuition must be paid in full at the time of registration. Payment may be in the form of cash, personal check, money order, MasterCard, Visa, Discover or company Purchase Order.

REGISTRATION FEE:

There is a one time per person, per semester \$5 fee due upon registration for the first class you are taking. The fee is refundable only if the course you enroll is cancelled for any reason. **Register online at www.ktconed.org and save the \$5 fee.**

ONLINE REGISTRATION:

Register online at www.ktconed.org and save the \$5 registration fee.

MAIL-IN REGISTRATION:

Mail in your registration using the registration form at the back of this catalog. Enclose a credit card number (MasterCard, Visa or Discover), money order, or personal check. Please do not mail cash. A confirmation will be mailed.

TELEPHONE REGISTRATION:

Registration may be made via telephone 24 hours a day at 508-935-0202 with a MasterCard, Visa or Discover.

WALK-IN REGISTRATION:

Our office is open Monday through Thursday from 4:30pm-7:00pm. You may register with all forms of payment, starting August 22nd.

REFUND POLICY:

Full tuition less \$10, ONLY when a student formally withdraws AT LEAST 5 DAYS PRIOR to the start of the class. Trip cancellation requires a 30 day notice.

ENROLLMENT:

Keefe Tech Continuing Education classes are open to all residents of all cities and towns who are at least 16 years of age. Some classes where heavy equipment is used require an 18 year minimum age. Children may not attend classes with their parents.

DAY & TIME OF CLASSES:

Classes are in session Monday through Friday evening except where noted. The evenings and times are subject to change. However, every effort will be made to hold the class on the day and times listed in this catalog. If it is necessary to change meeting times, and you do not care to change, you will receive a full refund.

While we have made every effort to make the information, dates, and descriptions in this catalog accurate and complete, we take no responsibility for typographical errors. We reserve the right to cancel any class that does not meet minimum enrollment.

Name _____ Email _____

Address _____

City/State/Zipcode _____

Phone (Home) _____ Phone (Work) _____

Course ID	Course Title	Day & Time	Amount
\$5 Registration Fee per student			
Total Due			

Payment: Enclosed is Check # _____

MasterCard Visa Discover

Credit Card No. _____ Exp Date _____

Signature _____

Keefe Tech Continuing Education Program

750 Winter Street • Framingham, MA 01702

Phone Registration: 508-935-0202 • Fax Registration: 508-620-8968

Name _____ Email _____

Address _____

City/State/Zipcode _____

Phone (Home) _____ Phone (Work) _____

Course ID	Course Title	Day & Time	Amount
\$5 Registration Fee per student			
Total Due			

Payment: Enclosed is Check # _____

MasterCard Visa Discover

Credit Card No. _____ Exp Date _____

Signature _____

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