

# CNM Workforce Training Center Registration Form

To register, follow the four easy steps below:

*It's that simple.*

- 1** Fill out the form below (please print). Be sure to sign on the appropriate line below.
- 2** Choose your method of payment.
- 3** Select your classes and list them below. Be sure to use the proper course code.
- 4** Choose from one of three methods to submit your registration form: walk-in, mail or phone.

**1** Name: \_\_\_\_\_  
Last First Middle Initial

CNM ID#: \_\_\_\_\_ Social Security (last four digits) #: \_\_\_\_\_ Birth Date (Mo/Day/Yr): \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer (or business name if self-employed): \_\_\_\_\_

Business Address: \_\_\_\_\_ FAX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever attended CNM (formerly TVI)?  Yes  No Other names you have used: \_\_\_\_\_

Please **PRINT** your name as you would like it to appear on your certificate: \_\_\_\_\_

I do hereby certify that the above information is correct: \_\_\_\_\_  
Signature Date

**2 Method Of Payment: (Cash is not accepted. Your registration is not complete without payment.)**

Check or Money Order #: \_\_\_\_\_ (Make all checks and money orders payable to CNM)

Purchase Order #: \_\_\_\_\_ (You MUST include the original P.O. with this registration form)

Credit Cards (Visa, MasterCard or Debit Cards): Upon receipt of this form, a representative from the CNM Cashier's Office will call you within (3) three business days to process your credit card payment securely; do NOT provide your card information on this form. Please provide a phone number where you can be reached during normal business hours: (\_\_\_\_) \_\_\_\_\_

**EEO Information: (OPTIONAL)**

**Gender:**  Male  Female **Education** (circle # of years completed): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 or more

**Ethnicity:**  American Indian/Alaskan Native  Black/Non-Hispanic  White/Non-Hispanic  Hispanic  Asian American  Pacific Islander  Other

**3**

Course Title	Course Code	Option*	Dates	Cost	<i>For Office Use Only</i>
				\$	
				\$	
				\$	
				\$	
TOTAL				\$	

\*If not listed, leave blank.

Please confirm class location prior to start date.

**4 Drop off, mail or phone your registration form and payment to:**

CNM Workforce Training Center (WTC), attn: Registration  
 5600 Eagle Rock Avenue NE, Albuquerque, NM 87113-1711  
 Phone: (505) 224-5200

**FOR OFFICE USE ONLY**

<b>Registration:</b>	<b>Payment:</b>	<b>Refund:</b>
Date: _____	Date: _____	Date: _____
Cost Acct: _____	Type: _____	Initial: _____
Initial: _____	Initial: _____	

Social Security numbers are used to report educational expenses that qualify for the Lifetime Learning Credit. An eligible family can claim on its tax return a credit equal to 20% of \$5,000 for continuing education expenses. IRS form 8863 is used to claim this credit.

**NO SHOW, NO REFUND • WITHDRAW DEADLINE IS TWO-BUSINESS-DAY ADVANCE NOTICE. Please call (505) 224-5200 to cancel.**