

## E. Karl Schneider Center for Continuing Education Registration Form

**\*Please complete one form per each member registration**

Personal Information				
Name:		Office:	Position:	
Email Address:		Phone:	AGD No. (If applicable)	
Dietary Restrictions:		Special Needs:	Other:	
Course Section				
Date	Time	Title of Course	Fee	
			Total:	
Payment Method				
<b>Payment Method:</b> (Check one)  Cash <input type="checkbox"/> *Credit Card <input type="checkbox"/> Check <input type="checkbox"/>			*Credit Card payments can be made by phone by calling (440) 771-7070 x 222. Business Hours are Monday through Friday 8:00 am until 5:00 pm.  Thank you!	
<b>Payment is due at the time of registration. Registrations must be received no later than 1 week prior to the lecture date.</b>  <p style="text-align: center;">*Make checks payable to: OCOFIS For Credit Cards, please include the billing zip code.</p>				
Card number:		Expiration Date:	CCV:	Zip Code:
* I understand any cancellations and or changes must be reported within 3 days of any lecture date to receive a full refund.				
Signature:			Date:	
CE Staff Authorized Signature:			Date:	

Ohio's Center for Continuing Education • 7207 Hopkins Road. Mentor, Ohio 44060

E-mail: [ce@ohsurgery.com](mailto:ce@ohsurgery.com)