

Received Date: _____

Invoice No. _____

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				
Payment Method: (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!	
Payment is due at the time of registration. Registrations must be received no later than 1 week prior to the lecture date. <p style="text-align: center;">*Make checks payable to: OCOFIS</p>				
Card number:		Expiration Date:	CCV:	ZIP:
* 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:	

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