

Christian Counseling Training Institute

1750 W. 103rd St. Chicago, Il. 60643

Office 773/779-1300 Fax 773/779-0198

Seminar Registration Form

CCTI ID # _____

Name: Last _____ First _____ Middle Initial _____

Address: Number and Street _____ City _____ State _____ Zip _____

Telephone Number: Day () _____ Evening () _____

E-mail Address: _____

Course Registration

- List the subjects you have chosen in the chart below.
- Registration is completed only when all fees are paid.
- Subject changes may only be made during the first week of class.
- No enrollment will be allowed after the second week.

Day	Time	Course #	Course Title	Credit Hours	Cost

Do Not Write In The Box Below. For Office Use Only.

Mode of Registration: _____ Phone _____ In Person _____ Other _____

Unit/Year _____ Date _____

Admitting Officer: _____ Date: _____

All paper work received: _____ Yes _____ No, what's missing _____

Confirmation Sent: _____ yes _____ No, why? _____

Location: _____ on-sight _____ on-location

Location Contact Person _____ Phone # _____

Student Classification:

_____ Continuing _____ Former: last unit/year attended _____

Fee Statement:

C.E.U. Tuition (hrs. _____) _____

Special Class Fee _____

Misc. _____

Special Promotions or Waivers _____

Payment Received _____

Balance Due _____

Mode of Payment:

Check mode of payment.

Cash _____ Check # _____ Visa _____ MC _____

No. _____ Expiration Date: _____

Confirmation # _____

Received by; _____