



Construction Training Centers of New York State

Fall 2024 Semester

ROCHESTER



Construction Training Centers of New York State Fall 2024 Semester

Rochester

Construction Training Center

2672 West Ridge Road, Greece, NY 14626 (Located behind the AT&T Store)

585.455.0293 FOR GENERAL INFORMATION

Please check (✓)
one of the boxes
on the back

***Classes will be conducted both online and in-person.**

***Lessons will be scheduled for online learning while testing and performance testing will be scheduled in-person.**

***Students will be given online class information closer to the start of class.**



Please fill out back of this form and return with payment to:

Construction Training Centers of NYS
6369 Collamer Drive
East Syracuse, NY 13057

Construction Training Centers of New York State Fall 2024 Semester

Rochester – continued (2 of 2)

Laborer 2A (75 hrs) **LA5412A**

Reinforcing Concrete, Vertical Formwork, Horizontal Formwork, Heavy Equipment, Forklift, and Crane Safety, Steel Erection, Electrical Safety, and Introduction to Construction Equipment

Classes start: Monday, September 9th, 2024 Mon/Tue 5-8pm

Please note: All classes subject to minimum enrollment requirements. Times are subject to change and some Saturdays may be required.

**Makeup instructional hours will be charged to the employer and/or employee at a rate of \$60/hr.
All fees must be paid in full prior to certification of the makeup hours**

REGISTRATION & PAYMENT DUE BY: FRIDAY, AUGUST 30TH, 2024

Payment in full for each student is expected prior to the start of class. If full payment is not received 14 days after the start of the semester, students will not be permitted to attend class until all outstanding balances are paid. If a student is paying themselves, payments must be made weekly.

Student Name: _____ Company: _____

Student Email Address: _____ Student Cell#: _____

Address: _____ City: _____ State: _____ Zip: _____

Payment Method:

Check (payable to CTC) Check # _____ Construction Training Trust - CTT PO Attached Credit Card

Name of Card: _____ Signature: _____

Billing Address _____

Card# _____ Exp. Date _____ Total charged: _____ CVV# _____

**Please return this form with payment to: CTC NYS, 6369 Collamer Drive, East Syracuse, NY 13057
Phone: 585-455-0293 Email: campisi@abcnys.org**