

## OPEN ENROLLMENT TRAINING REGISTRATION FORM

Please complete one form for each class that student(s) will attend. Confirmation will be sent to you by email within 24 hours. This form may be reproduced. If you do not have access to e-mail, please contact our office directly at 877-724-2744.

<b>Company Information:</b>				
Company Name:				
Mailing Address:				
City:		State:	Zip Code:	
<b>Training Contact Inform</b>	ation:			
Training Contact Name:				
Contact Phone:	E-	mail:		

This is the contact who should receive the class confirmation and the archived sign-in sheets, certificates of completion, and skills evaluations (after training is complete.) E-mail address is required.

Billing Contact Information:			
Billing Contact Name:			
Billing Contact Phone:		E-mail:	
Purchase Order Number	(PO#) if required:		

This is the contact who should receive the invoice for training. E-mail is required.

**Terms:** We accept cash, checks, and all major credit cards. To pay by credit card, please call us toll free at 877-724-2744. Standard invoice terms are <u>Net 30 days from date of registration</u>. A 10% cancellation fee is charged per student if cancellation notice is not received 72 Hrs before class start date (weekends excluded). We reserve the right to cancel any class at anytime. If this happens, you will be notified by e-mail. If class is prepaid, refunds will be sent by mail.

Class 1	nformation: (Place	"X" next to class you would like	to attend)		
	8-Hr. Confined Space	ce Entry		1.	
	40-Hr. Hazardous M	Iaterials		2.	
	24-Hr. Hazardous Materials		Attendee Name(s):	3.	
	8-Hr. Annual Haz/Mat Refresher			4.	
	OSHA 10 Training – General Industry			5.	
	OSHA 10 Training - Construction Industry			6.	
	40-Hr. Confined Space Rescue			7.	
	24-Hr. Confined Space Rescue			8.	
	8-Hr. Confined Space Rescue Refresher			9.	
	Other Specify:			10.	

**Course Date(s):** 

Name/Signature of Authorized Party:	Sign by clicking the box to the left.			Date:		
For Office Use Only:	Registration Processed (On Board) Confirmation Sent Invoice Sent Date: Time:			Yes Yes Yes	No No No	