

TRAINING REGISTRATION FORM

THIS INFORMATION IS FOR YOUR CERTIFICATE AND STATE AHERA RECORDS

Last Name: _____

First Name: _____

Middle Initial: _____ Social Security #: XXX-XX-_____

Signature: _____

Email Address: _____

Yes, send me Email renewal notices and other safety training related information.

HOME INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Area Code: _____ Phone (H): _____ Cell: _____

WORK INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code: _____ Phone (W): _____ Fax: _____

Position: _____

CLASS INFORMATION

Class: _____ Instructor: _____

Date(s) of Class: _____

PAYMENT INFORMATION

Payment Is Due Prior To Time of Class: \$125.00 Full Day \$75.00 Half Day

Payment Method(s) Cash Check Charge

There is a 2-person minimum attendance. Those who register will be notified the day before class if the class does not meet the 2-person minimum attendance requirement and if the person still wishes to attend the class an additional fee of \$50 per ½ day or per day will be charged.

A fee of \$50.00 will be charged for cancellations less than 24 hours before class or no shows.