



**ASBESTOS REGISTRATION FORM**

**Credit Card or check must be provided when registering.**

SELECT COURSE	COURSE TITLE	SELECT COURSE (INITIAL / REFRESHER)	COURSE DATE	COURSE LOCATION	NUMBER ATTENDING	COURSE FEE
<input type="checkbox"/>	ASB Supervisor	<input type="checkbox"/> \$790 (5 days) / <input type="checkbox"/> \$250 (8hrs)				
<input type="checkbox"/>	ASB Inspector	<input type="checkbox"/> \$575 (3 days) / <input type="checkbox"/> \$190 (4hrs)				
<input type="checkbox"/>	ASB Management Planner	<input type="checkbox"/> \$475 (2days) / <input type="checkbox"/> \$160 (4hrs)				
<input type="checkbox"/>	ASB Project Designer	<input type="checkbox"/> \$650 (3 days) / <input type="checkbox"/> \$275 (8hrs)				
<input type="checkbox"/>	ASB Project Monitor	<input type="checkbox"/> \$955 (5 days) / <input type="checkbox"/> \$275 (8hrs)				
<input type="checkbox"/>	ASB Worker	<input type="checkbox"/> \$575 (4 days) / <input type="checkbox"/> \$200 (8hrs)				
<input type="checkbox"/>	ASB Class II Roofer/ Tile	<input type="checkbox"/> \$200 (8hrs)				
<input type="checkbox"/>	ASB Class III O & M	<input type="checkbox"/> \$280 (16hrs) / <input type="checkbox"/> \$100 (4hrs)				
<input type="checkbox"/>	ASB Class IV 2hr Awareness	<input type="checkbox"/> \$75 (2hrs)				
<input type="checkbox"/>	Other: Fit Test	<input type="checkbox"/> \$55				

**PLEASE PRINT PERSON/COMPANY RESPONSIBLE FOR PAYMENT**

NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**NAMES OF EMPLOYEES ATTENDING:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

**All courses notified to the State of Tennessee, if any additional states required please notify Resolution.**

Registration Policy

To attend a Resolution course, please complete and e-mail or fax the above registration form. Your registration can only be guaranteed if payment has been received at least 5 working days before the course begins and registration form has been completed and signed. Payments can be made by check, cash, VISA or MasterCard.

Cancellations:

If you cancel your registration, Resolution must be notified no less than 5 working days before the course start date in writing in order to provide a refund. Resolution has the right to cancel any class due to lack of attendance. In this instance, a full refund or a credit will be issued, if not rescheduled.

Substitutions and Reschedule:

Substitutions and reschedules are accepted upon written request 5 working days prior to the course start date. If we do not receive a written request 5 days prior to the course start date, the full course fee will be due and no rescheduling is allowed for less than the regular class amount. Reschedules must be completed within 12-months of the original course end date. After the 12-month period, the full registration fee will be due.

Payment:

Payments must be made in full 5 working days prior to the course date. If payment is made by cash or by check, it must be received by mail or hand delivered with registration, 5 days prior to the course start date. Credit card authorization form is attached. **Certificates will not be mailed, copied or given out until payment is made in full.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please sign to acknowledge that you fully understand our registration policy. If you have any questions before signing, please feel free to contact us.\*

COMPLETE THIS FORM AND EMAIL TO [training@resolutionusa.com](mailto:training@resolutionusa.com) or FAX TO 615-868-4140.

If you can't email or fax, please mail to: Resolution, Inc., Attn: Training Dept., 1101 Darbytown Drive, Nashville, TN 37207



CREDIT CARDHOLDER INFORMATION					
<b>NAME ON CREDIT CARD &amp; COMPANY NAME</b>					
<b>TYPE OF CREDIT CARD</b>	VISA	MC	AMEX	DISCOVER	
<b>TYPE OF ACCOUNT</b>	PERSONAL		BUSINESS		
<b>ACCOUNT NUMBER</b>					
<b>EXPIRATION DATE</b>					
<b>SECURITY CODE</b>	(3 digit # on the back or 4 digit # on front of Amex Cards)				
<b>PAYING INVOICE #</b>					
<b>AUTHORIZED AMOUNT</b>					

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>

<b>SIGNATURE</b>		<b>DATE</b>	
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