

LEAD 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	FEE FEE
	Lead Supervisor	\$750 (4 days) / \$325 (8hrs)				
	Lead Inspector	\$500 (3 days) / \$325 (8hrs)				
	Lead Project Designer	\$425 (1days) / \$250 (4hrs)				
	Lead Risk Assessor	□\$450 (2 days) / □\$325 (8hrs)				
	Lead Worker	□\$450 (2 days) / □\$325 (8hrs)				
	Renovation, Repair, Paint (RRP)	\$275 (4 days) / \$175 (8hrs)				
	PLEASE	PRINT PERSON/COMPANY RESPONS	SIBLE FOR P	AYMENT		
NAME:		COMPANY NAM	ИЕ:			
ADDRESS	:	CITY:		STATI	E: ZIP:	
ТЕГЕРНО	NE:	E-MAIL ADDRES	SS <u>:</u>			
		NAMES OF EMPLOYEES ATTE	NDING:			
1	2	3		4.		
5	6	7		8.		
<u>Registration</u> To attend a l	<u>Policy</u> Resolution course, please complete and	<mark>additional states required please notify Resolut</mark> I e-mail or fax the above registration form. Yo begins and registration form has been comple	ur registration (
	your registration, Resolution must be	notified no less than 5 working days before th ack of attendance. In this instance, a full refu				ind.
Substitutions the course st	art date, the full course fee will be due	ritten request 5 working days prior to the cour and no rescheduling is allowed for less than t -month period, the full registration fee will be	the regular class		=	
registration,		or to the course date. If payment is made by credit card authorization form is attached. <mark>Ce</mark> r			-	
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 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	CARDHOLDI	ER INFORM	MATIO	N	
NAME ON CREDIT CARD & COMPANY NAME						
TYPE OF CREDIT CARD	VISA	MC	AM	IEX	DISCOVER	
TYPE OF ACCOUNT	I	PERSONAL			BUSINESS	S
ACCOUNT NUMBER						
EXPIRATION DATE						
SECURITY CODE		(3 d	igit # on the ba	ck or 4 dig	git # on front of Amex (Cards)
PAYING INVOICE #						
AUTHORIZED AMOUNT						

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

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.

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