



LEAD Registration Form

PLEASE NOTE THAT LEAD **ABATEMENT** CERTIFICATION FOR TN IS 3 YEARS, KY IS 2 YEARS.

Pricing reflects pre-registration. Add \$50 to price of course if not pre-registering.

SELECT COURSE	COURSE TITLE (Classes start at 8am unless stated otherwise)	SELECT COURSE (INITIAL/ REFRESHER)	COURSE DATE	COURSE LOCATION	NUMBER ATTENDING	COURSE FEE
<input type="checkbox"/>	Lead Supervisor	<input type="checkbox"/> \$750 (4 days) / <input type="checkbox"/> \$325 (8hrs)				
<input type="checkbox"/>	Lead Worker	<input type="checkbox"/> \$450 (2 days) / <input type="checkbox"/> \$325 (8hrs)				
<input type="checkbox"/>	Lead Inspector	<input type="checkbox"/> \$500 (3 days) / <input type="checkbox"/> \$325 (8hrs)				
<input type="checkbox"/>	Lead Risk Assessor	<input type="checkbox"/> \$450 (2 days) / <input type="checkbox"/> \$325 (8hrs)				
<input type="checkbox"/>	Lead Project Designer	<input type="checkbox"/> \$425 (1 day) / <input type="checkbox"/> \$250 (4hrs)				
<input type="checkbox"/>	Lead Renovator, Repair & Paint (5 year certificate)	<input type="checkbox"/> \$275 (1 day) / <input type="checkbox"/> \$175 (4hrs)				

FIRST NAME: _____ **MIDDLE INITIAL:** _____ **LAST:** _____

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 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

Resolution, Inc. ♦ 1101 A Darbytown Drive ♦ Nashville, TN 37207 ♦ 615-865-8813 ♦ www.resolutionusa.com (rev. 6/16/16)



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

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>

SIGNATURE		DATE	
------------------	--	-------------	--