

OSHA, HAZWOPER, NIOSH Training Registration

SELECT	COURSE TITLE	SELECT COURSE	COURSE	COURSE	NUMBER	COURSE	
COURSE		(INITIAL / REFRESHER)	DATE	LOCATION	ATTENDING	FEE	
	HAZWOPER	\$750 (5 days)/ \$200 (8hrs)					
	NIOSH 582 Equivalent	□\$825 (5 days)					
	OSHA 30/10 hr Construction	□\$575 (30hrs) / □\$225 (10hrs)					
	OSHA 30/10hr General Ind.	\$575 (10hrs) / \$225 (10hrs)					
	Confined Space (OSHA)	\$\square\$ \$\square\$ variable (contact for pricing)					
FIRST NAME	E:	MIDDLE INITIAL:	LAS	ST:			
COMPANY N	NAME:	ADDRESS:					
CITY:	ST.	ATE: ZIP: TELE	PHONE:				
E-MAIL ADD	ORESS:						
NAMES OF E	EMPLOYEES ATTENDING:						
1		3			4		
5	6	7			8		
DECISTRATIO	ON BOLLOV						
REGISTRATIO	<u>ON POLICY</u>						
Registration:							
Registrations mu and dated to be a		se start date. Payment must be made in full at	the time of regis	tration. Registrations	s must be filled out cor	npletely, signed	
and dated to be a	ecopted.						
Cancellations:							
-	is instance, a full refund or a credit will	we a written notification 7 days prior to the coube issued, if not rescheduled.	irse start date. R	esolution has the rig	ht to cancel any class of	ue to lack of	
Substitutions and		request 7 days prior to the course. If we do no	t ragging a mritt	an raquast 7 days nri	or the full course fees	will be due and	
		amount. Reschedules must be completed with					
	on fee will be due.			C			
Payment:							
	e made in full 7 days prior to the course	e date. If payment is made by cash or check, it	must be receive	ed by mail or hand de	elivered with registration	n, 7 days prior	
to the course star	t date. Attached on the following page	is a credit card authorization form to pay by ca	ard with this regi	stration.			
Signature: _		Date:					
∳D I	order de la desemblación de la companya de la comp	andonatond our registration nolicy. If you be		1 . 6		.4 *	

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. By mail to: Resolution, Inc., Attn: Training Dept., 1101 Darbytown Drive, Nashville, TN 37207.



CREDIT CARDHOLDER INFORMATION								
NAME ON CREDIT CARD & COMPANY NAME								
TYPE OF CREDIT CARD	VISA	MC	AM	IEX	DISCOVER			
TYPE OF ACCOUNT	PERSONAL			BUSINESS		S		
ACCOUNT NUMBER								
EXPIRATION DATE								
SECURITY CODE	(3 digit # on the bac			ck or 4 digit # 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.

SIGNATURE		DATE	
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