

## OSHA, HAZWOPER, NIOSH,

## TRAINING REGISTRATION.

## Credit Card or check must be provided when registering

		_				
SELECT	COURSE TITLE	SELECT COURSE (INITIAL/ REFRESHER)	COURSE	COURSE	NUMBER	COURSE
COURSE	(Classes start at 8am unless	DATE	LOCATION	ATTENDING	FEE	
	stated otherwise)					
	HAZWOPER	☐ \$825 (5 days) / ☐\$220 (8hrs)				
	NIOSH 582 Equivalent	□\$925 (5 days)				
	OSHA 30/10 hr. Construction	□\$630 (30 hrs.) / □\$250 (10hrs)				
	OSHA 30/10 hr. General ind.	□\$630 (30 hrs.) / □\$250 (10hrs)				
	CONFINED SPACE	□\$225 (1 day)				
	DOT Hazmat	□\$225 (8 hrs.)				
	PLEASE I	PRINT PERSON/COMPANY RESPO	NSIBLE FOR F	PAYMENT		
NAME.						
		COMPANY NAMI				
ADDRESS: _		CITY:		STATE:	ZIP:	
<b>FELEPHONE</b>	<b>:</b>	E-MAIL ADDRESS:				
		NAMES OF ATTENDE	FS			
		MANES OF ATTEMPT	<u>aes</u>			
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3	6	7		8		<del></del>
Registration	Policy					
_		mail or fax the above registration form. Your	registration can only	y be guaranteed if payn	nent has been receive	d at least 5
		form has been completed and signed. Payn	-			
<u>Cancellation</u>						
		written notification no less than 5 working da				fund.
Resolution has t	ne right to cancel any class due to lack	of attendance. In this instance, a full refund of	or a credit will be is:	sued, if not rescheduled	1.	
Substitution	s and Reschedule:					
		n request 5 working days prior to the course	start date. If we do	not receive a written re	guest 5 days prior to t	he course
		duling is allowed for less than the regular class				
	nd date. After the 12-month period, the			, , , , , , , , , , , , , , , , , , , ,		
D						
<u>Payment:</u>	and in fall formalise alone and the	he serves data. If no more the more day.	an har also also the	d ha maada sad baasa 9	a baasal alalis d 90	
-	be made in full 5 working days prior to t lys prior to the course start date. Credit	he course date. If payment is made by cash	or by check, it mus	st be received by mail o	r nand delivered with	
egisti ation, o de	iyə prior to tile course start date. Credit	card adminization form is attached.				
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 <a href="mailto:training@resolutionusa.com">training@resolutionusa.com</a> 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							
NAME ON CREDIT CARD & COMPANY NAME							
TYPE OF CREDIT CARD	VISA	MC	C	AM	EX	DISCOVER	
TYPE OF ACCOUNT	I				BUSINESS		
ACCOUNT NUMBER							
EXPIRATION DATE							
ZIP CODE	SECURITY CODE			,			
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	