



# COURSE REGISTRATION

## OSHA Fall Protection Awareness (8-Hour)

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing \_\_\_\_\_ Physical \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SELECT COURSE DATE

February 6, 2012 (8:30 AM - 4:30 PM)  June 4, 2012 (8:30 AM - 4:30 PM)

August 6, 2012 (8:30 AM - 4:30 PM)  October 8, 2012 (8:30 AM - 4:30 PM)

December 10, 2012 (8:30 AM - 4:30 PM)

BEST, Inc. will provide confirmation of class registration in a timely manner. The confirmation will be emailed to the address provided or faxed to the number provided. This confirmation will also provide additional information related to payment. Please read carefully to ensure your participation.

### COMPANY / BILLING INFORMATION

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### COMPANY / BILLING INFORMATION

Check (Payable to BEST, Inc.)

Credit Card (Please contact our office with information)

Direct Bill (Please contact our office prior to registration)

**Registration Fee: \$200.00**

Thank you for choosing BEST, Inc. as your environmental training partner. Please feel free to list any additional training needs that you may have.

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All information obtained will be retained by BEST, Inc. and not sold or released to any other parties.