



COURSE REGISTRATION

EPA Lead Supervisor Refresher

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____

Mailing _____ Physical _____
Address: _____ Address: _____

City: _____ State: _____ Zipcode: _____ City: _____ State: _____ Zipcode: _____

Telephone: _____ Fax: _____ Email: _____

SELECT COURSE DATE

June 6, 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.

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