EMERGENCY TRAINING CONSULTANTS CLASS REGISTRATION FORM

Name: _____

Company: _____

Mailing Address:

_____

_____

_____

Billing Address:

_____

_____

_____

Phone: _____

Email: _____

Preferred Method of Contact: ☐ Phone ☐ Mail ☐ E-mail

Payment Method: ☐ Check ☐ Money Order ☐ Credit Card

CREDIT CARD AUTHORIZATION

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Payment Amount Enclosed:

☐ CIVIL SERVICE TEST PREP $135

☐ OSHA – 10 $125

☐ OSHA – 30 $325

TOTAL PAYMENT AMOUNT: _____

SIGNATURE: _____ DATE: _____

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 ETC to collect payment for all charges as indicated above.

CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO: EMERGENCY TRAINING CONSULTANTS

PLEASE RETURN YOUR COMPLETED FORM ALONG WITH PAYMENT INFORMATION TO:

EMERGENCY TRAINING CONSULTANTS
PO BOX 422
CAMILLUS, NY 13031

Questions? Please contact Bill Mitson at BILL@ETRAININGCONSULTANTS.COM

YOU WILL RECEIVE ENROLLMENT CONFIRMATION ONCE PAYMENT HAS BEEN RECEIVED.