



4415 W. Harrison Street, Ste 404 Hillside, IL 60162  
Phone 708-449-8600 Fax 708-449-8604

**Please make copies before filling out**

**Company Information:**

\_\_\_\_\_

Contact Person and Title

\_\_\_\_\_

Company Name

\_\_\_\_\_

Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

Union Affiliation \_\_\_\_\_ Yes, which one? \_\_\_\_\_ Local Union Number \_\_\_\_\_

\_\_\_\_\_

Office Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Participants Name:**

**Last 4 digits of Social Security Number:**  
*Required for registration*

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

**Course Information:**

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Class Name \_\_\_\_\_ (one class per registration form)

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Date(s): Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_ Day 5 \_\_\_\_\_  
(applies to 10 & 30 hour classes)

**Payment Method:**

Cash       Company Check       Credit Card       PO Number

\_\_\_\_\_

Check Number \_\_\_\_\_ PO Number \_\_\_\_\_

\_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_

Name on the card \_\_\_\_\_

**Fax registration form to 708-449-8604. Confirmation letter will follow.**