

Trainee Information.....

Name _____ Current Date _____

Social Security # - - _____ Date of Birth _____

Company Name (if applicable) _____

Street Address: _____

Street Address #2: _____

City/Town _____ State _____ Zip Code _____

e-mail _____

EMAIL Policy: By providing Chem Scope, Inc. with your email address you are giving permission for Chem Scope, Inc. to email you information regarding up coming training classes.

Work Phone () _____ Fax () _____

Home Phone () _____ Cell () _____

Attending.....

Course Name _____ Date(s) of Course _____

Course Name _____ Date(s) of Course _____

Course Name _____ Date(s) of Course _____

Payment Information..... Pre-Payment is Required

Charge my tuition to my Credit Card (three options):

- 1. Call the office with credit card information, 203-865-5605 or**
- 2. Fill out Credit card processing form page 5 of Training Course Catalog and fax to 203-498-1610 or email to chem.scope@snet.net**
- 3. Bring credit card information on day of class and pay at the office**

Or: Send a check or Money Order with the Registration Form to Address above

Important Registration Information.....

-For Refresher courses, trainee must bring prior initial training and all refresher certificates if we do not have them on file.

-Classes Start at 8:00 AM (Sharp) unless otherwise noted

-Classes at Chem Scope are held at 8 Moulthrop Street, North Haven CT 06473 (Red Building)

Registrant Signature _____