

Trainee Registration Form

Trainee Information.....(Type or Please Print Clearly)

*Name _____ Current Date _____ Date of Birth _____

Full Legal Name to appear on completion certificate

Company Name (if applicable) _____

**Mailing Address: _____

This will be the address listed on the certificate and location where the certificate will be mailed

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 future training classes.

Work Phone () _____ Cell () _____

Attending.....

Course Name _____ Date of Course _____

Course Name _____ Date of Course _____

Course Name _____ Date of Course _____

Payment Information: Pre-Payment is Required

Important Registration Information.....

-For Refresher Courses:

Trainee must submit the last two training completion certificates if not on file with us.

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

-In-Person classes are held at 8 Moulthrop Street, North Haven CT 06473 (Red Building).

Visit our Website at www.chem-scope.com for additional information.

Registrant Signature _____