

**Training Registration Form**

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| Name: | Email: | | Phone: |
| Business/Organization: | | Job Title: | |
| Mailing Address: | | State:       Zip: | |

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| **SEPTEMBER**  9/10: Dealing with Difficult Personalities  9/11: Office Intermediate  9/24: Build Motivated…Work Teams  9/27: Dale Carnegie  9/30-10/4: OSHA (5 Days) | $179  $69  $179  $199  $999 | **October**  10/8-9: HR & The Law (2 Days) | $350 |

**PAYMENT METHOD**

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| Payment Method:  Invoice (50% Payable in Advance)  Credit Card (See below)  Check  Other | | | |
| Credit Card #: | | Name on Credit Card: | |
| Billing Zip Code: | Security Code:      Expiration Date: | | |
| Authorized Amount: | | | Card Type:  MC  VISA  AMEX  DISC |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**