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Toll-Free: 888.WPH.0001
www.workplace-hygiene.com

Course Registration Form

Please Complete and Fax

Company: _____

Name: _____

(use next page for additional attendees)

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: () _____

Fax: () _____

Email: _____

- Check here if you would like to receive email notices about special course offerings, product developments, or other news.

Course Title: _____

Course Date: _____

Course Location: _____

Course Fee: (fees vary and can be found on Web site or by calling) \$ _____

(use next page for additional courses for this attendee)

Payment method:

Check is enclosed (amount- \$ _____)

Please bill me (Purchase Order # _____)

Signature: _____

Date: _____

A confirmation letter will be sent after your course registration form is received and processed. Directions to the facility and any special instructions will be included.

Payment is due once you have received your confirmation letter (or have spoken to our registrar to confirm space in the class). Any payments not received one week prior to the course date will result in cancellation of space. If you have any questions, please feel free to call our office at (336) 931-5046.

Thank you for choosing Workplace Hygiene for your training!

List additional courses or attendees here.

Name: _____
Course Title: _____
Course Date: _____
Course Location: _____
Course Fee: (fees vary and can be found on Web site or by calling) \$ _____

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Course Date: _____
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