



4100 Madison Street - Hillside, IL 60162
Phone: 708-544-2082 - Fax: 708-544-2371

Please make several blank copies

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

Participants Name:

Last 4 digits of Social Security Number:

Required for registration

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

Course Information:

Class Name (one class per registration form)

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

Payment Method: (DO NOT EMAIL CREDIT CARD NUMBERS. If you are emailing your registration, follow up with a phone call to 708-544-2082)

paying with cash Company Check Credit Card PO Number

_____ Check Number _____ PO Number

_____ Credit Card Number _____ Expiration Date

_____ Name on the card

Fax registration form to 708-544-2371. Confirmation letter will follow.