

## TRAINING COURSE REGISTRATION

Name (registration received from) \_\_\_\_\_

Home Address \_\_\_\_\_

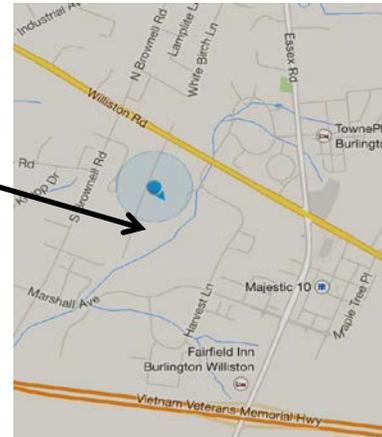
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone: Daytime: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

TITLE OF COURSE: Vermont Essential Maintenance Practice (EMP) Training

DATE(S): March 11, 2015 5:00 pm - 8:00 pm

LOCATION: Cardno ATC  
 PO Box 1486  
 171 Commerce St.  
 Williston, VT 05495



**CLASS STARTS PROMPTLY AT 5:00 PM**

Number of Attendees: \_\_\_\_\_  
 Attendee Names:

_____	_____
_____	_____
_____	_____

Tuition per attendee: 60\$

Enclosed is my check for:

Total Fee: \$ \_\_\_\_\_

\_\_\_\_\_

Please make check payable to Cardno ATC. If paying by mail, please send a copy of this course registration with your remittance. Payments are accepted by check (VT bank), credit card, cash, certified bank check, money order or pre-approved purchase order.

- Pre-registration and payment in advance is required.
- Training documentation (certificate) will not be released until payment is received in full.
- Class is subject to cancellation due to low registration, full refund will be provided.