

# COURSE REGISTRATION FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

<u>COURSE TITLE</u>	<u>FEE</u>	<u>REGISTER</u>	<u>DATE</u>
7 HOUR NYCDOB SITE SAFETY MANAGER TRAINING	\$275	<input type="checkbox"/>	_____
8 HOUR NYCDOB SITE SAFETY MANAGER TRAINING	\$295	<input type="checkbox"/>	_____
40 HOUR NYCDOB SITE SAFETY MANAGER TRAINING	\$595	<input type="checkbox"/>	_____
10 HOUR OSHA CONSTRUCTION SAFETY TRAINING	\$265	<input type="checkbox"/>	_____
30 HOUR OSHA CONSTRUCTION SAFETY TRAINING	\$575	<input type="checkbox"/>	_____

**TO REGISTER FOR ONE OR MORE CLASSES COMPLETE INFORMATION ABOVE**

**FAX REGISTRATION FORM TO (631) 209-2001**

**THEN MAIL COMPLETED REGISTRATION FORM WITH PAYMENT  
AT LEAST TWO WEEKS PRIOR TO BEGINNING OF CLASS**

**Construction Safety Consultants  
89 North Country Road  
Shoreham, NY 11786**

**FOR ADDITIONAL INFORMATION PLEASE CALL (631) 209-2000**