

On-site / In-person Class ONLY

REGISTRATION FORM

****FILL OUT ONE SHEET FOR EACH STUDENT****

CLASS YOU ARE REGISTERING FOR: _____

DATE YOU ARE FILLING OUT THIS FORM: _____

NAME OF PERSON FILLING OUT THIS FORM: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY _____ STATE _____ ZIP _____

COMPANY PHONE: _____

NAME OF STUDENT: _____

ADDRESS OF STUDENT: _____

CITY _____ STATE _____ ZIP _____

PERSONAL PHONE: _____

CELL PHONE: _____

E-MAIL: _____

DATES OF TRAINING YOU ARE REGISTERING FOR: _____

LOCATION OF ON-SITE TRAINING: _____

DOES STUDENT NEED FINGERPRINTS? _____

STUDENT NEEDS THE FOLLOWING NUMBER OF HOURS: (Put an x on the correct line.)

CONTINUING TRAINING UNITS ONLY (6 HOURS): _____

PRE-ASSIGNMENT TRAINING (12 HOURS): _____

DIRECTIONS:

1. After filling out this form, email to ctthibodeau@ctthibodeau.net or fax to 763-421 -4164
2. How would you like to pay for your training? Check _____ Credit Card _____
3. If you wish to pay by check, mail the check or money order to above address.
4. If you wish to pay by credit card, please call 763-421-4163
5. Charges:
 - \$95 per 6 hours continuing training
 - \$190 per 12 hours pre-assignment training
 - \$125 per 6 hours or \$250 for 12 hours for an Urgent Need Individual training
 - \$130 per 6 hours for CPR/1st Aid
 - \$20 per student for a set of fingerprinting