

# REGISTRATION FORM

**\*\*FILL OUT ONE SHEET FOR EACH REGISTRANT\*\***

**NAME OF 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: \_\_\_\_\_

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NAME OF STUDENT: \_\_\_\_\_

ADDRESS OF STUDENT: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERSONAL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATES OF TRAINING YOU ARE REGISTERING FOR: \_\_\_\_\_

LOCATION OF 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):** \_\_\_\_\_

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## DIRECTIONS:

1. After filling out this form email to [ctthibodeau@ctthibodeau.net](mailto: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/1<sup>st</sup> Aid
  - \$20 per student for a set of fingerprinting