

**We offer
custom, on-site
courses. Call
for details.**

Hearing Conservation Course Registration Form Midwest course locations only

Please Complete and Fax

Make additional copies as needed if more than one person is registering.

Name: _____

Company: _____

Company Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: () _____

Fax: () _____

E-mail: _____

Check here if you would like to receive our monthly e-Newsletter, e-mail notices about special course offerings, product developments, or other news.

Full Certification

Re-certification

Course Date(s): _____

Course Location (City): _____

Course Fee: \$ _____

Payment method:

Check #: _____ (Due prior to the course. Make payable to Workplace INTEGRA- Midwest, Inc.)

Please send Invoice: Purchase Order #: _____

Address (if different from above): _____

A/P Contact: _____ Phone: (____) _____ - _____ E-mail: _____

Pay by credit card onsite

MC Visa Discover Amex

Name as shown on card: _____

Card #: _____

Exp. Date: (mm/yy): ____ / ____ 3-digit # (back of card) _____

(for Amex: 4-digit # (front) _____ and 3-digit # (back) _____)

Street # or PO box # associated w/card (if different from above): _____

ZIP code associated w/card: _____

Upon receipt of your registration form, a confirmation letter with directions to the course will be sent via email or fax.

Payment Terms: If by check or invoice, payment is due upon receipt of confirmation letter (unless special arrangements are made with the course registrar). Payment not received prior to the course could potentially result in seat forfeiture.

If you have any questions, please contact the course registrar at (317) 841-9829.

Thank you for choosing Workplace INTEGRA- Midwest for your training!