

Course Registration

Course Date: April 30, 2008

BILL Name: _____
 TO Company Name: _____
 Billing Street Address: _____
 City, State, ZIP: _____
 Phone: _____

ATTENDEE NAMES (PLEASE LIST INDIVIDUALLY)	COURSE DESCRIPTION	PER PERSON	LINE TOTAL
	Recognition and Control of Laboratory and Kilo-Scale Chemical Reactivity Hazards	\$290	
	Recognition and Control of Laboratory and Kilo-Scale Chemical Reactivity Hazards	\$290	
	Recognition and Control of Laboratory and Kilo-Scale Chemical Reactivity Hazards	\$290	
	Recognition and Control of Laboratory and Kilo-Scale Chemical Reactivity Hazards	\$290	
	Recognition and Control of Laboratory and Kilo-Scale Chemical Reactivity Hazards	\$290	
	Total:		

Payment: Check Visa Mastercard Discover

Make checks payable to Safety Partners, Inc.

Credit card holder's name: _____
 Credit card number: _____
 Expiration date: _____ Security code: _____

Thank you for your business!

**For more information or to register by phone call (339) 223-9653 or email:
info@safetypartnersinc.com**