

## Training Registration Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Must Be Made In Order to Secure Your Employee's Registration for Training.

- Credit Card information may be given over the phone by calling Dawn Zedolek at 618-468-5785

OR

Credit Card Type:     VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ VIN# \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Your signature authorizes the below specified training and for Lewis and Clark to apply the charges for this training to the given credit card.

Please see our website, [www.lc.edu/HASC\\_satellite](http://www.lc.edu/HASC_satellite), for course listings/codes.

Training Date Requested:				(Use a separate form for each day of training)
TRAINEE				COURSE
Social Security Number	Birth Date	Last Name	First Name	Course Code

**REGISTRATIONS MUST BE RECEIVED NO LATER THAN 12:00 PM THE DAY PRIOR TO TRAINING.**

RETURN FORM via Fax 618.468.7266 or Email to [dzedolek@lc.edu](mailto:dzedolek@lc.edu)