

# Reisen

Commercial Safety Training & Staff Development, Inc.

Safety & Training Consultants

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## REGISTRATION FORM

Course Name: \_\_\_\_\_

FFP Course Number: \_\_\_\_\_ Course Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_

E-mail Address (required for class correspondence): \_\_\_\_\_

Department or Agency (required): \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check #: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

VISA \_\_\_\_\_ MasterCard \_\_\_\_\_

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

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code # on back of card \_\_\_\_\_

Authorized Signature for Credit Card: \_\_\_\_\_

### **IMPORTANT POLICIES**

**Only payment will reserve your seat.** Courses are payable via mail, fax, or phone. Failure to pay promptly may result in being 'bumped' by a waiting list student.

A receipt for payment will be furnished on the final day of the course.

A refund will be offered only if cancellation is placed 7 calendar days prior to class start-date.