



DSI Training Registration Form

Course Location and Date: _____

Training Requested: ☐ JFM ☐ JFD/Ergo/JFT Design ☐ FCA only ☐ Onsite in Industry

Registrant's Information

Name

Title

Credentials

Email

Phone

Company Contact Name

Email

Phone

Company Address

City

State

Zip

Phone

Fax

Method of Payment:

☐

Mail Check to:

DSI Work Solutions
2501 Crossings Blvd Suite 101
Bowling Green KY 42104

☐

Call with Credit Card:

270-245-1000

Confirmations & Cancellations

Cancellations received 10 business days prior to training can elect to receive a refund (minus a 10% administrative charge) or can be issued credit for future training. Cancellations less than 10 business days will only be issued credit for future training.