



## 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:**

|  |   |
|--|---|
| <input type="checkbox"/> Mail Check to:<br>DSI Work Solutions<br>2501 Crossings Blvd Suite 101<br>Bowling Green KY 42104 | <input type="checkbox"/> Call with Credit Card:<br>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.