

## Registration Form

Fax to 219.324.4493

Company Name			Today's Date	
Mailing Address			Phone Number	
City	State	Zip	Fax Number	
<b>ADVANCED PAYMENT REQUIRED FOR</b> On-line Training Access Code or Classroom Seat Reservation (NO INVOICING)  <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa  There will be a \$50.00 cancellation fee if you cancel without a 24-hour notice for classroom training.		Credit Card #		
		Name on Card		
		Expiration Date	CVV2 Code (3 - 4 digits on back of card)	
		Zip Code of Credit Card	Amount - \$	
<b><u>Attendee #1</u></b>		<b>Classroom Training Only - \$95 per person</b> <input type="checkbox"/> DOT-mandated Supervisor Training Friday September 14 <sup>th</sup> at 9:00 am to 12:00 pm CST  <input type="checkbox"/> Non-DOT DFWP Supervisor Training Friday September 14 <sup>th</sup> at 9:00 am to 12:00 pm CST  <input type="checkbox"/> Designated Employer Representative (DER) Training Friday September 14 <sup>th</sup> at 1:00 pm to 4:30 pm CST  <b>On-line, Self-Study Computer Training - Anytime</b> <input type="checkbox"/> DER <input type="checkbox"/> DOT Supervisor Reasonable Suspicion		
First/ Last Name:				
Phone:				
Emailed Address:				
<b><u>Attendee #2</u></b>		<b>Classroom Training Only - \$95 per person</b> <input type="checkbox"/> DOT-mandated Supervisor Training Friday September 14 <sup>th</sup> at 9:00 am to 12:00 pm CST  <input type="checkbox"/> Non-DOT DFWP Supervisor Training Friday September 14 <sup>th</sup> at 9:00 am to 12:00 pm CST  <input type="checkbox"/> Designated Employer Representative (DER) Training Friday September 14 <sup>th</sup> at 1:00 pm to 4:30 pm CST  <b>On-line, Self-Study Computer Training - Anytime</b> <input type="checkbox"/> DER <input type="checkbox"/> DOT Supervisor Reasonable Suspicion		
First/ Last Name:				
Phone:				
Emailed Address:				
<b><u>Attendee #3</u></b>		<b>Classroom Training Only - \$95 per person</b> <input type="checkbox"/> DOT-mandated Supervisor Training Friday September 14 <sup>th</sup> at 9:00 am to 12:00 pm CST  <input type="checkbox"/> Non-DOT DFWP Supervisor Training Friday September 14 <sup>th</sup> at 9:00 am to 12:00 pm CST  <input type="checkbox"/> Designated Employer Representative (DER) Training Friday September 14 <sup>th</sup> at 1:00 pm to 4:30 pm CST  <b>On-line, Self-Study Computer Training - Anytime</b> <input type="checkbox"/> DER <input type="checkbox"/> DOT Supervisor Reasonable Suspicion		
First/ Last Name:				
Phone:				
Emailed Address:				