



## **REGISTRATION AND PAYMENT FORM**

**EVENT/TRAINING: ASBESTOS & LEAD AWARENESS TRAINING**  
**FEE: \$100/PERSON**

To register, email completed form to: [platenik@abcnys.org](mailto:platenik@abcnys.org)

**FULL PAYMENT IS DUE WITH REGISTRATION**

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COMPANY NAME: \_\_\_\_\_

TRAINING LOCATION: \_\_\_\_\_

NAMES OF ATTENDEES:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

PAYMENT TYPE:

CHECK ENCLOSED (✓ IF YES): \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

CREDIT CARD (✓ OPTION): VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX \_\_\_\_\_

CREDIT CARD INFORMATION:

CARD NUMBER: \_\_\_\_\_

CCV #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOTAL \$ AMOUNT TO BE CHARGED: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*No Refunds for Cancellations**