



# APPLIED LABORATORY SERVICES, LLC



## COURSE REGISTRATION

Name of Course: \_\_\_\_\_ Date of Course: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Print clearly or type name as it should appear on the training certificate)

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Point Of Contact: \_\_\_\_\_

Payment Options:      Cash                      Check                      Visa                      Mastercard  
(circle one)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address if different from above \_\_\_\_\_  
\_\_\_\_\_

**Payments made by cash or check must be provided before or the day of the class.**

A student will not be considered sign up for the course unless this registration is filled out and returned. Registration can be faxed to 757-623-2785 or emailed to [jebennison@stokesea.com](mailto:jebennison@stokesea.com). A confirmation will be forwarded upon receipt of the registration form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date