

**APPLIED
LABORATORY
SERVICES**

COURSE REGISTRATION

Name of Course: _____ Date of Course: _____

Student Information:

Name _____
(Print clearly or type name as it should appear on the training certificate)

Social Security Number or Virginia Driver's License Number: _____
(We need whichever number is on file with DPOR)

Address: _____

Phone Number: _____ Email: _____

Company Information:

Name & POC: _____

Address: _____

Phone Number: _____ Email: _____

Payment Options: Cash Check Visa Mastercard AmEx
(circle one)

Credit Card Number _____ Expiration Date ____ / ____

Name on Card _____ Signature _____

Street Number and Zip Code of Billing Address: _____ / _____

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

All information is necessary to submit to DPOR and will remain confidential. A student will not be considered sign up for the course unless this registration is filled out and returned. Registration can be emailed to jebennison@stokesea.com or faxed to 757-623-2785. A confirmation email will be sent upon receipt of the registration form.

Signature

Today's date