



Enprotec / Hibbs & Todd, Inc.

Training Registration Form

This Course	Hours	<input type="checkbox"/> 8-Hr <input type="checkbox"/> 24-Hr <input type="checkbox"/> 40-Hr <input type="checkbox"/> Other _____
	Description	
	Date(s)	

Current HAZWOPER Certifications <i>(Check all that apply)</i>	<input type="checkbox"/> NONE	<input type="checkbox"/> Hazardous Materials Operator
	<input type="checkbox"/> Hazardous Waste Supervisor	<input type="checkbox"/> Hazardous Materials Technician
	<input type="checkbox"/> Hazardous Waste Operator	<input type="checkbox"/> Incident Commander

TCEQ License Numbers <i>(for CEUs)</i>	Water Operator / Wastewater	Water Operator / Wastewater
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The following information is used to notify you of upcoming refresher training and other training opportunities...even if you change employers. It is used for no other purpose. Please provide all requested information. Print clearly. Show your name as you want it to appear on your card / certificate.

Your Name			
Company name			
Position/title/responsibility			
Company mailing address			
Company e-mail address			
Company phone numbers	Office	Fax	Cell
Personal mailing address			
Personal e-mail address			
Personal phone numbers	Home	Cell	Other

Payment Information	<input type="checkbox"/> Check / cash attached	<input type="checkbox"/> Pre-paid
	<input type="checkbox"/> Bill company	<input type="checkbox"/> Training donated – no charge
	<input type="checkbox"/> Purchase order # _____	<input type="checkbox"/> Bill Credit Card (complete info below)

Credit Card Information Please provide ALL information Only VISA/MasterCard accepted	Name on credit card			
	Credit card number			
	Expiration date		CCV Number (3-digits)	

Send invoice or receipt to:	<input type="checkbox"/> Don't need invoice / receipt	<input type="checkbox"/> Personal address above
	<input type="checkbox"/> Company address above	<input type="checkbox"/> Personal e-mail address above
	<input type="checkbox"/> Company e-mail address above	<input type="checkbox"/> Other – use address / info below
	<input type="checkbox"/> Company fax number above	

Mail card / certificate to:	<input type="checkbox"/> Company address above	<input type="checkbox"/> Personal address above	<input type="checkbox"/> Other – use address / info below

Signature:	
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