

| 1. Please register me in the following classes: | | | | | |
|--|-------------|----------------|----------|-----------|-------|
| Section # | Course Name | Start/End Date | Location | Class Fee | Total |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| If you are registering for OSHA courses #500 - #503, please include a completed Prerequisite Eligibility form. The form is available at www.osha4you.com . | | | | Total | \$ |

| 2. Student Information | | | | |
|--|-------------|-----------------|--|-------------|
| Please print legibly. The student name provided will be use on your certificates and/or cards. | | | | |
| First Name | | Middle Initial | Last Name | |
| | | | | |
| Company | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| City | | State | Zip/Postal Code | Country |
| | | | | |
| E-mail (Note: registration confirmations are sent by e-mail) | | | Birthdate | |
| | | | | |
| Phone (Day) | | Alternate Phone | Industry Type (i.e., Construction, Manufacturing) | |
| | | | | |
| How did you hear about us? (circle one) | | Gender | How would you like to receive information regarding future offerings? (circle one) | |
| Catalog | Website | Word of Mouth | Male | Direct Mail |
| E-mail | Direct Mail | Internet Search | Female | E-mail |

| 3. Payment Information | | | | |
|---|--|----------|---|---------------------|
| A completed registration form must accompany your payment. | | | | |
| Enclosed is a check payable to Chabot-Las Positas Community College District. | | | | |
| Please charge the Visa /MasterCard /Discover /Am Ex account provided below. | | | | |
| Credit Card Number | | Exp Date | 3-Digit Security Code (back of card) | Name on Credit Card |
| | | | | |
| Signature of Credit Card Holder | | | Ways to register: | |
| SIGN HERE | | | By Fax: (925) 560-9458 | |
| | | | By Mail: Send form with payment to CLPCCD - OSHA Training Center 7600 Dublin Blvd, Suite 102 Dublin, CA 94568 | |