

### Application Form for Training Course Registration

Please complete and return the form below to register for The Empirical Company's Training Sessions

**Name of Attendee(s):**

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**Company:**

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**Address:**

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**E Mail:**

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**Telephone:**

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**Fax:**

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Please indicate the training session(s) and date(s) for which you wish to register:

**Initial**

<b>Lead Safety for Renovations, Repairs and Paintings (8-hour)</b>	<b>\$240.00</b>	<b>July 31   August 22</b>
<b>OSHA HAZWOPER (40-hour)</b>	<b>\$675.00</b>	<b>July 13-17   August 3 –August 7</b>
<b>Lead Worker (16-hour)</b>	<b>\$350.00</b>	<b>July 20- July 21   August 17 –August 18</b>
<b>Confined Space Rescue (4-hour)</b>	<b>\$180.00</b>	<b>August 11</b>
<b>Confined Space Non-Entry Rescue (2-hour)</b>	<b>\$100.00</b>	<b>Available- please call to schedule</b>
<b>Refresher</b>		
<b>Lead Worker (4-hour)</b>	<b>\$200.00</b>	<b>July 10   August 14</b>
<b>OSHA HAZWOPER (8-hour)</b>	<b>\$200.00</b>	<b>July 18   August 21</b>

Please fax (509.735.1859) or e-mail ([sallyl@empirical-ih.com](mailto:sallyl@empirical-ih.com)) your registration form to book your attendance. Confirmation of receipt of your registration and payment will be sent by return post to the address indicated above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position in company: \_\_\_\_\_ Date: \_\_\_\_\_

Payment by check:	Please make check payable to: The Empirical Company, 3311 W. Clearwater Avenue, D222, Kennewick, WA 99336	Payment by credit card:	Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Amount: \$ _____  Exp: Date: _____
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