

TRAINING REGISTRATION FORM

Name _____ Title _____

Organization _____ Address _____

City, State, Zip _____ Daytime Phone _____

Please enroll me in the _____ Training Course. Date _____

I have enclosed my payment check of \$ _____ for the course. _____ I will bring payment to class.
Price includes all course materials.

All Initial courses require a down payment of \$150.00. If you can't make the course please call for assistance with another course. A non-refundable \$50.00 charge will be required.

COURSE FEES	Initial	Refresher
Worker	\$525.00	\$125.00
Contractor/Supervisor	\$600.00	\$150.00
Building Inspector	\$500.00	\$ 100.00 *
Management Planner	\$350.00	\$ 100.00 *
Project Designer	\$675.00	\$195.00

***If these courses are taken the same day the cost is \$175.00**

Northern offers discounts for large groups. Please call for additional information. All Certification Certificates will be issued once payment has been received.

Northern accepts payments of Cash, Check or Credit Card.

Please remit registration form and payment to:

**Northern Industrial Hygiene, Inc.
201 South 30th Street
Billings, Montana 59101**

**(406) 245-7766
1-800-562-6057
Fax (406) 254-1428**

Primary Training Location:

**Northern Industrial Hygiene, Inc.
1325 Euclid Ave. Unit #1
Helena, MT 59601
(406) 443-3369
1-888-844-3369
Fax- 443-0733**

