TRAINING REGISTRATION FORM

Name		_Title			
Organization		_Address			
City, State, Zip		_Daytime Phone			
Please enroll me in the		_Training Course. Date			
I have submitted an online payment of \$		_ for the course		I will bring payment to cla	ass.
	COURSE FEE SCHEDUL Contractor/Supervisor Building Inspector Management Planner Project Designer	<u>.E</u>	Initial \$ 750.00 \$ 650.00 Not Offered Not Offered	\$150.00	

Price includes all course materials.

Classes if not available online will be held at the locations below:

Helena - 1325 Euclid Ave, Unit 1 Billings - 201 South 30th Street.

Northern offers discounts for large groups. Please call for additional information. *Additional courses may be offered. Please call with requests*. 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 Fax (406) 254-1428