

Competent Person Registration

Name: _____

Company: _____

Address: _____

Email address: _____

Tel# _____

Fax# _____

Position: _____

Course Dates: _Sept.13th & 14th or Oct. 18th & 19th

Registration Fee: \$985.00

Payment: Check enclosed _____

Credit Card: Visa MC AE

CC# _____ Exp.Date: _____

Signature: _____

Sandwiches will be served for lunch, if you have any food allergies, please make note on the bottom of this form.

Pro Tool & Supply
Tel# 781/899/0790 Fax# 781/899/2482