

# Competent Person Registration

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Tel# \_\_\_\_\_

Fax# \_\_\_\_\_

Position: \_\_\_\_\_

Course Date: January 25<sup>th</sup> & 26<sup>th</sup>, 2011.

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.

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