



LEAD REGISTRATION FORM

Credit Card of Check must be

provided when registering

SELECT COURSE	COURSE TITLE	SELECT COURSE (INITIAL / REFRESHER)	COURSE DATE	COURSE LOCATION	NUMBER ATTENDING	COURSE FEE
<input type="checkbox"/>	Lead Supervisor	<input type="checkbox"/> \$825 (4 days) / <input type="checkbox"/> \$350 (8hrs)				
<input type="checkbox"/>	Lead Inspector	<input type="checkbox"/> \$550 (3 days) / <input type="checkbox"/> \$350 (8hrs)				
<input type="checkbox"/>	Lead Project Designer	<input type="checkbox"/> \$475 (1days) / <input type="checkbox"/> \$275 (4hrs)				
<input type="checkbox"/>	Lead Risk Assessor	<input type="checkbox"/> \$500 (2 days) / <input type="checkbox"/> \$350 (8hrs)				
<input type="checkbox"/>	Lead Worker	<input type="checkbox"/> \$500 (2 days) / <input type="checkbox"/> \$350(8hrs)				
<input type="checkbox"/>	Renovation, Repair, Paint (RRP)	<input type="checkbox"/> \$330 (1 days) / <input type="checkbox"/> \$220 (4hrs)				

PLEASE PRINT PERSON/COMPANY RESPONSIBLE FOR PAYMENT

NAME: _____ COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

NAMES OF EMPLOYEES ATTENDING:

1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____

All courses are notified to the State of Tennessee

Registration Policy

To attend a Resolution course, please complete and e-mail or fax the above registration form with the quantity of how many attending class Names is preferred but not mandatory..

Cancellations:

If you cancel your registration, Resolution must receive written notification no less than 5 working days before the course start date.

Substitutions and Reschedule:

Substitutions and reschedules are accepted. If we do not receive a written request 5 days prior to the course start date, the full course fee will be due and no rescheduling is allowed for less than the regular class amount.

Payment:

A minimum of 6 course participants will be charge, if over 6 participants. This will be less 20% of fee charged for the class.

Signature: _____ Date: _____

Please sign to acknowledge that you fully understand our registration policy. If you have any questions before signing, please feel free to contact us.

COMPLETE THIS FORM AND EMAIL TO training@resolutionusa.com or FAX TO 615-868-4140.

If you can't email or fax, please mail to: Resolution, Inc., Attn: Training Dept., 1101 Darbytown Drive, Nashville, TN 37207



CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD & COMPANY NAME					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
ACCOUNT NUMBER					
EXPIRATION DATE					
ZIP CODE			SECURITY CODE		
PAYING INVOICE #					
AUTHORIZED AMOUNT					

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>

SIGNATURE		DATE	
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