



DeLisle Associates LTD

5050 South Sprinkle Road, Portage, MI 49002

▶ 269-373-4500 ex. 135 ▶ delisleassoc.net ▶ Fax 269-373-1044

*Enjoy our
Coffee, Donuts &
Vending Machines*

TRAINING REGISTRATION FORM

Please make a copy of this form, for each separate class needed

Today's Date: _____

Company Name: _____

Contact: _____ Phone: _____

Address: _____

Email: _____

Yes, send me email renewal notices and other safety training related information.

CLASS INFORMATION

Class Name: _____ Class Dates: From: _____ To: _____

DeLisle's Location or Class Location: _____

(travel fees will apply if the training is at your location. Call for quote)

LIST OF ATTENDEES

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

PAYMENT INFORMATION

Number of Attendees: _____ Cost per Attendee: \$ _____ Total Amount Due: \$ _____

We except credit cards (no Discover), company checks and cash. Payment is due on or before the start of class.

Payment Method Credit Card Cash Company Check

There is a 3-person minimum attendance policy. Those who registered for a class that does not meet the 3-person minimum, will be notified three days before class to reschedule. We will make every attempt to keep the classes in session.

Signature _____ By signing this, you accept the terms of this registration.