

MASTER OF SAFETY CERTIFICATE PROGRAM

Registration Form

- YES! () Please register me for the Master of Safety Certificate Program and maintain records of my courses taken and credits earned toward the 100 credits required.
- () I have already taken a course, or courses, conducted by the North Dakota Safety Council. Please apply these credits toward the 100 credits required for the Master of Safety Certificate and enroll me in the program. (A list of NDSC courses attended, must be attached)

Company Name: _____

First Name: _____ Last Name: _____

Title: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Type of Business: _____

Mail, Fax or Email this registration to: North Dakota Safety Council

1640 Burnt Boat Drive

Bismarck, ND 58503

F: (701) 223-0087

E: tylers@ndsc.org

QUESTIONS? Call us at 701-223-6372 or 800-932-8890.

