

## Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Drivers License: \_\_\_\_\_ State \_\_\_\_\_ Date of Birth: MO \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

### Please Register Me For the Following Courses:

1. \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ Cost: \$ \_\_\_\_\_

2. \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ Cost: \$ \_\_\_\_\_

3. \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ Cost: \$ \_\_\_\_\_

### Payment Method

Enclosed is tuition fee of \$ \_\_\_\_\_ Check # \_\_\_\_\_

Visa

Mastercard

Discover

American Express

Card# \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_ 3 Digit Code on back \_\_\_\_\_

### Cancellation Policy

Cancellations must be received 3 business days prior to seminar/class. No refunds will be made for cancellations after this date. The North Dakota Safety Council reserves the right to cancel any class when minimum enrollment requirements are not met.

### To Register

NDSC, 1640 Burnt Boat Drive, Bismarck, ND 58503

Phone: (701)223-6372 or (800)932-8890

Fax: (701)223-0087 E-mail: [ndsc@ndsc.org](mailto:ndsc@ndsc.org) or

Register on-line at [WWW.ndsc.org](http://WWW.ndsc.org)

