

ChemScope, Inc.
15 Moulthrop Street,
North Haven CT 06473-3686
Phone (203) 865-5605
Fax (203) 498-1610

Trainee Registration Form

Rev. 12/10

Trainee Information.....

Name _____ Current Date _____

Social Security # _____ - _____ - _____ Date of Birth _____

Company Name (if applicable) _____

Street Address: _____

Street Address #2: _____

City/Town _____ State _____ Zip Code _____

e-mail _____

Work Phone () _____ Fax () _____

Home Phone () _____ Cell () _____

Attending.....

Course Name _____ Date(s) of Course _____

Course Name _____ Date(s) of Course _____

Course Name _____ Date(s) of Course _____

Payment Information..... (To reserve a place in the course, one of the following is required.)

Charge my tuition to my Credit Card: Type of card _____

Name on Card _____

Billing Address of Card: _____

City/Town _____ State _____ Zip Code _____

Credit Card Number _____ Expiration Date _____

CID# _____

Or: Send a check or Money Order with the Registration Form

Important Registration Information.....

-For Refresher courses, trainee must bring prior initial training and all refresher certificates if we do not have them on file.

-Classes Start at 8:00 AM (Sharp) unless otherwise noted

-Classes at Chem Scope are held at 8 Moulthrop Street, North Haven CT 06473 (Red Building)

-Visit Chem Scope's Website at www.chem-scope.com

Registrant Signature _____