

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

Trainee Registration Form

Rev. 12/11

Trainee Information.....

Name _____ Current Date _____

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

Company Name (if applicable) _____

Street Address: _____

Street Address #2: _____

City/Town _____ State _____ Zip Code _____

e-mail _____

EMAIL Policy: By providing Chem Scope, Inc. with your email address you are giving permission for Chem Scope, Inc. to email you information regarding up coming training classes.

Check here if you would like to receive additional emails regarding all Chem Scope, Inc. services . Chem Scope, Inc does not sell email addresses.

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..... Pre-Payment is Required

Charge my tuition to my Credit Card (three options):

1. Call the office with credit card information, 203-865-5605 or
2. Download credit card authorization form from website and fax to 203-498-1610 attention Gina
3. Bring credit card information on day of class and pay at the office

Or:

Send a check or Money Order with the Registration Form to Address above

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 _____

NAS (scott)myfiles/MSPUB/Training/Trnreg1210.pub