

AEHS, Inc.
A Total Environmental, Health and Safety Consulting Firm
4402 Center Gate, San Antonio, Texas 78217 (210) 656-9300/7855 / fax (210) 656-8499

Course Registration

Name: _____

Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ ZIP: _____

Work Number: _____ Fax Number: _____

Email Address: _____ @ _____

<u>Course Name</u>	<u>Date</u>
_____	_____
_____	_____

PLEASE NOTE: Course registration begins at 7:45 am with class beginning promptly at 8 am. Course attendance is mandated by TDSHS and EPA. Late students may be required to re-schedule.

Payment Information: Payment may be made the morning of the course

Responsible party for payment:

___ Self ___ Employer ___ HNSD ___ Other: _____

Invoice Number: _____

Check No: _____ Cash: _____

Credit Card:

Master Card Visa Number: _____ (Can be called in)

Expiration Date: _____ Date processed: _____

Capture: _____ Reference: _____

Cancellation and Refunds: AEHS, Inc. reserves the right to cancel courses and refund tuition in full. AEHS, Inc. will not be responsible for any losses incurred due to airline or hotel cancellations.

Returned Checks: Customers will be assessed a \$25.00 returned check fee when their check is not honored by the bank.

Replacement Certificate: Cost per replacement course certificate \$10.00. Payment must be made before certificate is issued.

Consent: I understand that by providing my fax number(s) and/or email address above, I am authorizing AEHS to send me training schedules and other related faxes or emails. I further agree that this consent has no expiration until otherwise notified by me and that I can opt-out at any time by contacting AEHS by email or fax.

Signature: _____

Fax To: (210) 656-8499 – Attn: Carolyn McCarty
No cover letter required.

For more information about our training programs, visit our website at
<http://www.aehs-sa.com/Training.htm>