



National Safety Council of Northern New England

Class Registration Form

National Safety Council of NNE

2 Whitney Road, Suite 11, Concord, NH 03301



Phone: (603) 228-1401 or (800) 834-6472 Fax: (603) 230-9795 Email: info@shcnne.org

By completing this form, you are registering for a training course offered by the National Safety Council of Northern New England. You are also confirming that you have read and understand the cancellation policy and email policy stated below.

Class Title:	Fee: (member or non-member, as applicable)
Class Date:	

Payment: Payment may be by check, money order, credit card, or purchase order if a member of the NSC. (Certificates will not be issued until full payment is received.)

1. Participant information:
NAME:
COMPANY:
NSC MEMBER #: (Required for Member Rate)
STREET ADDRESS 1:
STREET ADDRESS 2:
CITY, STATE, ZIP:
PHONE: FAX:
EMAIL:

Contact information (if different)
ORGANIZATION:
CONTACT NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
PHONE: FAX:
EMAIL:
BILLING ADDRESS:
CITY, STATE, ZIP:

REGISTRATION AND CANCELLATION POLICY: Advance registration is required. We understand that your schedule may change at the last minute, preventing you from attending a program, therefore substitutions are acceptable. If you must cancel a course, please contact us at least three (3) business days prior to the event for a full refund. **All Cancellations and Rescheduling must be made in writing by fax or e-mail (phone calls are not sufficient notification). There will be a 25% charge on "no-shows" as well as cancellations and reschedules with less than three (3) business days notice prior to the event.** The NSCNNE reserves the right to cancel or re-schedule classes due to insufficient enrollments.

EMAIL POLICY: By submitting this registration form, you give the National Safety Council of Northern New England permission to add your name, address and email to our Mail and Email notification lists. (No changes will be made to current subscribers.) These lists will provide you with information on our upcoming Safety Council Activities. If you prefer not to be added to the list, please check the box below.

Thank you, but I do not wish to be added to the NSC-NNE Mail list or Email lists at this time.

Fee Summary	Payment Information
Participant Fee (above):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Addtl. Participant Fees (Page 2):	Name of Card Holder:
TOTAL DUE:	Card Holder Signature:
	Card Number:
	Exp. Date: CVC-Code
	OR Check Enclosed:
	OR P.O. #:





National Safety Council of Northern New England

Registration for Additional Participants



**This Section is for Additional Participants From the Same Company with Same Payment.
(If paying separately a registration form is required for each person)**

Class Title:
Class Date:

2. Participant Name: Email Address:	Participant Fee: Phone Number:
3. Participant Name: Email Address:	Participant Fee: Phone Number:
4. Participant Name: Email Address:	Participant Fee: Phone Number:
5. Participant Name: Email Address:	Participant Fee: Phone Number:
6. Participant Name: Email Address:	Participant Fee: Phone Number:
7. Participant Name: Email Address:	Participant Fee: Phone Number:
8. Participant Name: Email Address:	Participant Fee: Phone Number:
9. Participant Name: Email Address:	Participant Fee: Phone Number:
10. Participant Name: Email Address:	Participant Fee: Phone Number:
11. Participant Name: Email Address:	Participant Fee: Phone Number:
12. Participant Name: Email Address:	Participant Fee: Phone Number:
Total Fees This Page:	