

ENVIRONMENTAL EDUCATION ASSOCIATES

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COURSE INFORMATION Course Name:		Date(s):	Course ID#:
Course Type: (Check One) [] Initial	[] Refresher		
Course Location:		Processing if Applicable: [[]Yes []No
**Please note, if yes is checked, all applicat	ole license fee and pro	ocessing fees <u>must</u> be included	d with payment
STUDENT INFORMATION Name:	Phone Number:		Date of Birth:
Name:			
Name:	Phone Number:		_Date of Birth:
Name:	Phone Number:		_Date of Birth:
Name:	Phone Number:		_Date of Birth:
Name:	Phone Number:		_Date of Birth:
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Name:	Phone Number:		_Date of Birth:
Name:	Phone Number:		_Date of Birth:
Name:	Phone Number:		_Date of Birth:
COMPANY INFORMATION Company Name: Address:			_Phone Number: Zip Code:
Email Address:			
PAYMENT INFORMATION Check Number:	Check	Amount:	
In order to avoid any inconvenience, pre event that class is cancelled, refunds wi will be issued. If a student cancels in les	eregistration with ful Il be issued. If a stu ss than 5 business o	Il payment is the only way to dent cancels five business of days, credit will be issued for	Ilment in advance of the course start date. be notified if a class is cancelled. In the days prior to the class start date, refunds r the next available class. If a student does s, the student is ineligible for a refund, and
Signature:		Date:	
***You will receive a phone call to confir			