



RACINE AREA MANUFACTURERS AND COMMERCE

300-5th Street, Racine, WI 53403

Phone: 262-634-1931

Fax: 262-634-7422

Email: ahaigh@racinechamber.com

TRAINING REGISTRATION FORM

NAME OF CLASS: _____

LEVEL: [] I [] II [] III

START DATE OF CLASS: _____

PARTICIPANTS NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL OF CONTACT: _____

MEMBER OF CHAMBER: [] YES [] NO

PAYMENT OPTIONS:

PAYMENT ENCLOSED _____ INVOICE ME _____

VISA [] MASTER CARD [] DISCOVER []

CARD NUMBER: _____ EXP. DATE: _____

SPECIAL NOTES:

*****ALL CLASSES HAVE A PARTICIPATION REQUIREMENT. IF THE SCHEDULED COURSE DOES NOT MEET PARTICIPATION STANDARDS A WEEK PRIOR TO THE SCHEDULED START DATE THE CLASS WILL BE CANCELED. THE ATTENDEE/BUSINESS HAS THE OPTION TO TRANSFER THEIR CREDIT TO THE NEXT SCHEDULED SESSION OR GET A COMPLETE REFUND. ALL TRAINING SESSIONS WILL BE OFFERED IN FALL AND SPRING.***

***** 24 HOUR CANCELLATION IS REQUIRED OR YOU WILL BE CHARGED***