

REGISTRATION FORM

Health and Safety Training for
Workers at Fixed Facilities

Use photocopies of this form for additional registrants.

Name: _____

Job Title: _____

Company: _____

Address: _____

City _____ State _____ Zip _____

Business Phone: () _____

Fax Phone: () _____

Contact Person: _____

COURSE SELECTION

COURSE

TITLE: _____

COURSE

DATES: _____

English Spanish

REGISTRATION FEES

NUMBER OF CLASS DAYS:

TOTAL AMOUNT DUE: \$

Please make checks payable to:
The Regents of the University of California

Mail To:
UC Berkeley - LOHP
HAZ WASTE Project
Attn: Paul Mathes
2223 Fulton Street, 4th Floor
Berkeley, CA 94720-5120

Or Register by Phone or Fax
Phone: (510) 642-5507
Fax: (510) 643-5698

Cancellation Policy: The registration Fee (less 25%
cancellation charge) is refundable if written
cancellation notice is received two weeks prior to
course date(s).

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