

Eastern Kentucky University
OSHA Training Institute Education Center
Registration Form

Name and Job Title: _____

Employer Group Classification

- Federal OSHA (check job specification: Safety Health or Other)
- State OSHA (check job specification: Safety Health or Other)
- Other Governmental Agency (check: Federal State City County)
- Private Sector (check: Employer Representative Employee Representative
 Government Contractor Employee Other)
- International Student (name of country)

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Emergency Contact: _____ **Phone:** _____

<u>COURSE</u>	<u>COURSE FEE</u>	<u>COURSE DATE</u>	<u>COURSE LOCATION</u>
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PLEASE NOTE: If you are registering for a trainer course (OSHA 500, OSHA 501, OSHA 5600), you must complete and return the Verification of Prerequisites form (see website or contact us).

Method of Payment

- Check Enclosed Invoice Paid Online/Order# _____

Return completed registration form to:
OSHA Training Institute Education Center • Eastern Kentucky University
521 Lancaster Avenue/Perkins 202 • Richmond, Kentucky 40475
Phone: (859) 622-2961