

REGISTRATION FORM



Mail: Wisconsin Safety Council, PO Box 352, Madison, WI 53701-0352.

Phone: (800) 236-3400 or (608) 258-3400. **Fax:** (608) 258-3413. **E-mail:** wsc@wisafetycouncil.org.

Registration confirmations will be mailed. **Please print, type or attach your business card.**

Course Date _____ Course Location _____

Course Name _____

NOTE: Confirmations, directions and logistics will be emailed.

Names of Attendees:

#1 Mr. Ms. Name _____
Title _____ Email _____

#2 Mr. Ms. Name _____
Title _____ Email _____

#3 Mr. Ms. Name _____
Title _____ Email _____

#4 Mr. Ms. Name _____
Title _____ Email _____

#5 Mr. Ms. Name _____
Title _____ Email _____

Company _____

Contact _____ Title _____

Street Address _____ Zip +4 _____

PO Box _____ Zip +4 _____

City _____ State _____

Telephone _____ Fax _____

E-mail Address _____

PAYMENT INFORMATION *Payment required with registration.*

Check for \$ _____ is enclosed. (Payable to: WMC Foundation, Fed. ID #39-1394068).

Bill my: Visa MasterCard American Express

Amount to be charged \$ _____

Card Number _____ Exp. Date _____

Cardholder's Name (print) _____ Signature _____

WSC Training Discount Program

WSC encourages group participation by providing the following special discount rates. Organizations that sponsor three or more employees will receive a 10% discount on each course registration fee when paid by a single check and accompanied by all completed registration forms.