

DUALTEMP COMPANIES CLASS REGISTRATION

SEMINAR LOCATION:

IBEW
28600 Bella Vista Parkway
Suite 1500
Warrenville, IL 60555-1600

Lyn Klaus: (773) 848-5596 (Cell)

For Information or Registration Please Contact:

Lyn Klaus at

DualTemp Companies
4301 South Packers Avenue
Chicago, IL 60609
Phone (773) 848-5596
Fax (773) 254-9840
lynk@dualtempcompanies.com

REGISTRATION INFORMATION

1) Name _____ Fee\$ _____

Class Date _____ Class _____

2) Name _____ Fee\$ _____

Class Date _____ Class _____

3) Name _____ Fee\$ _____

Class Date _____ Class _____

In order to participate in the hands-on scenario exercises of the Emergency Response & Respirator Training you MUST be approved to wear a respirator/SCBA according to OSHA guidelines in 1910.134 Appendix C.

Company Name _____

Billing Address _____

Contact Name _____ Phone _____ Fax _____

Email Address _____

Total registration Fee Due \$ _____ () Fee Enclosed or () Purchase Order # _____

() MC/Visa (add 4% service charge) # _____ Exp _____

Name on Card _____

CANCELLATION POLICY

DualTemp Companies reserves the right to cancel any course due to insufficient enrollment. Students enrolled+D16 in a cancelled course are entitled to a full refund or the payment may be transferred to another course. If you choose to withdraw from the course, you must do so no later than 15 days prior to the course start date. No refund will be made if a student drops the course after this time. If you fail to cancel and do not attend the class, you will be billed for the entire cost of the class. A person, who is registered and is unable to attend, may at no additional fee, send a substitute.