Course Registration Form

PLEASE PRINT OR TYPE

Organization: ________________________________________________________________

Address:  Adamson Avenue Murray, KY 42071

Phone: (____)_________ Fax: (____)_________

E-mail Address: ______________________________________________________________

Name of Individual(s): _________________________________________________________

Title/Position: __________________________________________________________________

Course Title: __________________________________________________________________

Course Date(s): __________________________________________________________________

Number of Participants: _________________________________________________________

Amount Enclosed: * $___________

Payment can be made by check, money order, or purchase order.
(Make checks payable to Murray State University.)

Please mail payments to:
Murray State University
Occupational Safety and Health Training Center
Attention: Training Center Coordinator
157 Industry & Technology Center
Murray, KY 42071-3347

Phone: (270) 809-3385
Fax: (270) 809-3630
E-mail: msu.oshtc@murraystate.edu

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