

# REGISTRATION FORM

## HAZWOPER Training

Photocopy this form for additional registrants.

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY TIME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### COURSE SELECTION:

\_\_\_\_\_

COURSE DATES: \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

ENGLISH  SPANISH

**Please make checks payable to: U.C. Regents**

Mail/Fax/E-mail ([o if t qvplB dgt nng\( of w](mailto:lohp@berkeley.edu)) to:  
LOHP Hazardous Waste, UC Berkeley  
2199 Addison St., Ste 451  
Berkeley, CA 94720-7360  
Phone: (510) 645/6362 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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