



Workplace Hearing- Midwest, Inc.  
8852 Glass Chimney Lane  
Fishers, IN 46037  
Phone (317) 841-9829  
Fax (317) 570-3988 (secure)  
www.workplacegroup.net

We offer custom, on-site courses. Call for details.

## Hearing Conservation Course Registration Form Midwest course locations only

### Please Complete and Fax

Make additional blank copies as needed if more than one person is registering.

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Check here if you would like to receive our monthly e-Newsletter, e-mail notices about special course offerings, product developments, or other news.

Full Certification (\$538)       Re-certification (\$338)

Course Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

### Payment method:

Check #: \_\_\_\_\_ (Due prior to the course. Make payable to Workplace Hearing- Midwest, Inc.)

Please send Invoice: Purchase Order #: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

MC       Visa

Name as shown on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: (mm/yy) \_\_\_\_\_

Card verification # (3 digits printed on back of card): \_\_\_\_\_

Street # or PO box # associated w/card (if different from above): \_\_\_\_\_

ZIP code associated w/card: \_\_\_\_\_

Upon receipt of your registration form, a confirmation letter with directions to the course will be sent via email or fax.

**Payment Terms:** If by check or invoice, payment is due upon receipt of confirmation letter (unless special arrangements are made with the course registrar). Payment not received prior to the course could potentially result in seat forfeiture. If you have any questions, please contact the course registrar at (317) 841-9829.

Thank you for choosing Workplace Hearing- Midwest for your training!