**INDUSTRIAL HYGIENE PROFESSIONALS, INC.**

**REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| Student Name(s) (Must Be Legible – This Name Will Be Used On Your Certificate): | | |
| Company Name and Point of Contact: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Company Phone: | E-Mail Address: | |
| Course Name: | | |
| Course Date(s): | Fee: | |
| Signature: | Date: | |

*Please e-mail registration* ***ASAP*** *to:*

**Industrial Hygiene Professionals, Inc.**

**508 W. O’Brien Drive**

**Hagatna, Guam 96910**

**Tel: (671) 734-0749**

**Fax: (671) 989-0749**

[**joz@ihpguam.com**](mailto:joz@ihpguam.com)

**Payment and photos are due with registration.**

**All courses are filled on a first-come-first served basis.**

**Cancellation/Refund Policy**-

Reservations cancelled on or before November 6, 2018 will be fully refunded. Cancellations received between November 7-9, 2018 will be charged a $50.00 materials fee. Cancellation notification must be in writing by e-mail.

**Cancellations after November 9, 2018 and all “no shows” are billed the full tuition. Substitutions are allowed when requested and authorized in writing.**