

SAFETY COURSE ENROLLMENT APPLICATION

Attention: _____

Company _____

(If Applicable): _____

Mail Address: _____

Phone: _____

Cell: _____

Fax: _____

Email: _____

****PLEASE CHECK BELOW WHICH CLASS YOU WILL BE ATTENDING IF MORE THAN ONE COURSE IS LISTED****

Attendee Name (Please Print Clearly)	Date of Class To Attend	* Amount Non-Taxable
MAKE SURE TO FILL IN ABOVE ADDRESS, PHONE # INFO. WHEN SUBMITTING FORM		
<input type="checkbox"/> Check Enclosed. Made Payable To Pride Equipment Corporation	Total	

Name On Card _____

Visa Master Card Card Number _____

American Express Expiration Date _____

Pre-Approved Account- Please supply a purchase order

***Price Per Person Per Class: \$145.00. Payment required with enrollment. 48 hr. Advance Notice of Cancellation Required.**

Fax or Email Form to insure seating. Seats are limited & not reserved until payment is received. Mail check or contact Carol Flammia, ext. 9302 any questions. Fax # 631-224-2693. Email Address: cflammia@prideequipment.com

Classes Start Promptly. Lunch included. Courses run approximately 4 hours.

Check Course(s) You Want To Attend	Course Date	Time
<input type="checkbox"/> Industrial Sitdown Forklift Training		
<input type="checkbox"/> Rough Terrain Telehandler Forklift Training		
<input type="checkbox"/> Aerial Work Platform Training		
<input type="checkbox"/>		

As dates become available you will be notified if you wish to attend at a later time.