

Western Technical College

MASS CASUALTY VENTILATION TRAINING REGISTRATION OUT-OF-STATE PARTICIPANT

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

BIRTHDATE: _____ PHONE NUMBER: _____

HIGH SCHOOL ATTENDED: _____

GRADUATION DATE: _____ HIGHEST GRADE COMPLETED: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

PAYMENT AND AUTHORIZATION:

FEE: \$100.00

Full payment enclosed (payable to Western)

Please charge:

MasterCard

VISA

Expiration Date: _____

Authorizing Signature (required for this option)

Mail this completed form to:

Western Technical College

ATTN: Colleen Clark

PO Box 908

La Crosse, WI 54602-0908

FAX the completed form to:

Colleen Clark

(608)789-6290