

# TKCBE COURSE REGISTRATION FORM



## Training Registration Form

Training Title : \_\_\_\_\_

Training Date/Time : \_\_\_\_\_

Member

Non-Member

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

1st Attendee Name: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Attendee Name: \_\_\_\_\_ Email: \_\_\_\_\_

3rd Attendee Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Company Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

How did you hear about this training? \_\_\_\_\_

Free Seminar -- No Charge

To register;

call Pacific Employers

559-733-4256 or

Fax this form to - 559-733-8953