

**Desired Class:**

- | | | | | |
|-----------------------------------|-------------------------------|------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> CMA/CMR | <input type="checkbox"/> CEE | <input type="checkbox"/> CMI | <input type="checkbox"/> FRAP | <input type="checkbox"/> QST |
| <input type="checkbox"/> Lead RRP | <input type="checkbox"/> CIEA | <input type="checkbox"/> CMR | <input type="checkbox"/> IAQ Mgmt | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CBA | <input type="checkbox"/> CMA | <input type="checkbox"/> CST | <input type="checkbox"/> PSP—IAQ | <input type="checkbox"/> Other: _____ |

BEST TRAINING SCHOOL
WWW.BESTTRAININGSCHOOL.COM

FULL NAME of Student:

1)

Company Name:

Address:

City:

ST:

ZIP:

eMAIL:

Telephone:

1)

2)

Additional Attendees:

2)

3)

PAYMENT will be made by: ☐ Credit Card ☐ *Check payable to: **Best Training School, LLC**

☐ MasterCard☐ VISA☐ DISC☐ AMEX**PLEASE PRINT CLEARLY and ACCURATELY...**

CC#

EXP:

CVV:

Name as it appears on the card:

SIGNATURE:

Your signature above indicates you have read these terms: You also understand there is a \$35 processing fee for NSF checks.

mail CHECK payable to:
Best Training School, LLC
22174 Prats Road
Abita Springs, LA 70420

or FAX to:
866.740.2432

or Register ONLINE at:
www.BestTrainingSchool.com

TOTAL***Check Number:**

Thank you for ordering your class from Best Training School. You will receive a confirmation from our office confirming your registration and verifying the information received one week prior to the class. If you DO NOT receive this telephone call, please feel free to contact us directly at 888.856.4803 x 843 to confirm your reserved seating.



Approved Training Provider