

The Training Connection, LLC.

REGISTRATION FORM

Name of Participant _____ *Date* _____

Name of your Organization _____

Address _____

Email _____ *Phone Number* _____

Name of Class _____

Time of Class _____ *Cost of Class* _____

Date of Class _____ *Amount paid \$* _____

Class record # _____

Please tear here and bring to first day of class

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