

5 Field Event Inspection Lab Course Application/Order Form

To register, please complete the information below.

Full Name _____

Date of Birth ____/____/____ SS# ____-____-____

Phone _____

Address _____

Email _____

____ 5 Field Event Inspection Lab Course @ \$600.00. Each. Course.

Select a payment method below. Please note--Registration fees are non-refundable.

____ Check enclosed for \$_____

____ Please charge \$600.00 each course to my credit card.

Type of card: MC ___ Visa ___ Discover ___ AMEX ___

CC# _____

Exp. _____ CCV _____ 3 digit security # on back of card
4 digits on front for AMEX

Signature _____

**Please send this completed form along with payment to:
HIPQS Registration, 426 E 1st North, Carlinville, IL 62626**

**Registration also may be completed on line with your credit card OR by calling
217-825-3035**