



OSHA Training Registration Form

Company Name: _____

Company Address: _____

Contact Person: _____

Telephone #: _____ Email: _____

Complete form and return prior to 5 business days before class start date.

Email: CBayless@agcks.org or AGCKS@agcks.org

Training Location

Wichita Area Butler Andover Campus 715 E. 13th Street, Andover, Kansas 67002
Bldg. 5000, Rm 5220S (Upstairs)

Course Name, Date, Time, and Location

	Name(s)	Email Address
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Number of Attendees _____ X Price _____ = _____

***** 24 hour cancellation notice required.**

All registered attendees will be billed for the class unless a cancellation is received at least 24 hours in advance.

Minimum Class for all classes is 4ea.

Maximum Class Size for all classes is 30ea.

Questions Contact Cloys L. Bayless at:

CBayless@agcks.org