



HOST SITE

## Training Registration Form

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

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

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Complete form & return by E-mail or Fax prior to 5 business days before class start date.**

Fax #: 785-266-2561

Email: [CBayless@agcks.org](mailto:CBayless@agcks.org)

or [AGCKS@agcks.org](mailto:AGCKS@agcks.org)

### Training Location

AGC of Kansas

765 East Second Street North, Wichita, Kansas 67220

<http://www.agcks.org/workforce/>

### Course Name, Date, Time

**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](mailto:CBayless@agcks.org)