

Midwest Center for Occupational Health and Safety (MCOHS)

Registration Form

Name _____ Title _____

Business _____

Address _____ City _____ State _____ Zip _____

Daytime Telephone _____ Fax _____

Email _____

I would like to register for the following course(s):

Course _____ Date(s): _____ Tuition _____

Course _____ Date(s): _____ Tuition _____

Course _____ Date(s): _____ Tuition _____

Course _____ Date(s): _____ Tuition _____

Course _____ Date(s): _____ Tuition _____

Course _____ Date(s): _____ Tuition _____

Total Tuition Enclosed: _____

Method of Payment Check Company Purchase Order Credit Card

Make checks payable in US funds to: University of Minnesota - MCOHS

Charge to: Company Purchase Order _____

MasterCard or VISA Acct# _____ Expiration

Date _____

Signature (required on credit card orders) _____

Mail registration to: Registrar, Continuing Education, **Midwest Center for Occupational Health and Safety, University of Minnesota, School of Public Health, 2221 University Avenue SE, Suite 350 Minneapolis, MN 55414** or fax **612.626.4525**

Purchase order or credit card registrations fax to: 612/626-4525

Looking for specialized training? We can create a course to meet your organization's needs. All inquiries welcome! Call us at 612/626-4515.