

CRASH COURSE™ REGISTRATION FORM
May 5th & 6th, 2012

DATE _____

DEPARTMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

****Names on Certificates will appear as registered here. Please enter name/s as you want them printed on your certificate/s.***

NAME*(1) _____

email address _____

TELEPHONE (DEPT) _____ (HOME) _____

ADDITIONAL PARTICIPANT NAME (HANDS ON)

(2) _____

email address _____

(3) _____

email address _____

(4) _____

email address _____

Please Make Checks Payable to: **HOWELL RESCUE SYSTEMS, INC.** Or

VISA _____ MC _____ AMEX _____ CARD# _____

NAME _____ EXPR. DATE _____

Or

Please INVOICE – DEPARTMENT _____

PURCHASE ORDER NUMBER (if required) _____

BILLING ADDRESS _____

CONTACT PERSON _____

email address _____

TELEPHONE# _____ FAX _____

Complete this form and return to:
HOWELL RESCUE SYSTEMS, INC., ATTN: KATHY GELM CRASH COURSE™ 2012
2673 CULVER AVE., KETTERING, OH 45429-3721

800 228-7612 (937) 290-0522 FAX (937) 290-0528 Visit our website www.howellrescue.com to register
or email information to kathleen@howellrescue.com