

CRASH COURSE™ REGISTRATION FORM
May 1st & 2nd, 2010

DATE _____

DEPARTMENT _____

*Names on Certificates will appear as registered here. Please fill out the way you wish names to appear on your certificates.

NAME* _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (DEPT) _____ (HOME) _____

ADDITIONAL PARTICIPANT NAME (HANDS ON)

(2) _____

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

VISA ___ MASTERCARD ___ AMEX ___ CARD# _____

NAME _____ OR _____ EXPR. DATE _____

Or

Please INVOICE – DEPARTMENT _____

BILLING ADDRESS _____

CONTACT PERSON _____

TELEPHONE# _____ FAX _____

email _____

Complete this form and return to:
HOWELL RESCUE SYSTEMS, INC.
ATTN: KATHY GELM
CRASH COURSE™ 2010
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