

Using the registration form below, make one copy for each attendee. If paying by check or money order, mail your registration forms, along with payment made payable to "PSATS" to: PSATS, 4855 Woodland Drive, Enola, PA 17025. If paying by credit card, fax your registration forms to PSATS at (717) 763-9732.

**Flagger Training - 9/23/19 – Monroe County**

**Registrant Information:**

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

Title: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Accessibility needs: \_\_\_\_\_

Email address: \_\_\_\_\_

TIME: Class: 9:00am-12:00pm

LOCATION: Monroe County  
Eldred Township Community Room  
516 Kunkletown Road  
Kunkletown, PA 18058

REGISTRATION FEE: Member\* - \$50.00  
Non-Member – \$ 75.00

**\*PSATS Member** = Registrant has paid current annual membership dues to PSATS or one of its professional associations (e.g., Township Emergency Management Association, Township Engineers Association, Township Planners Association, Township Solicitors Association, or the Pa. Assoc. of Zoning Officials).

**CANCELLATIONS/REFUNDS /NO SHOW POLICY:** Cancellations must be in writing and can be sent to us by email to [cancellations@psats.org](mailto:cancellations@psats.org); by fax to (717) 763-9732; or by mail to PSATS Education Program, 4855 Woodland Drive, Enola, PA, 17025. Refunds will be determined by the sent date of the notice. For classes, refunds for a cancellation sent to us between 10 and 2 business days before the class you are registered for will be subject to a \$20 processing fee. Those who cancel within two business days of the class you are registered for, or do not attend, forfeit the full registration fee which, if unpaid, will be invoiced.

**Accessibility & Other Needs:** All sessions will be held at ADA-accessible locations. If you require alternate format, sign language, or have other needs, please contact PSATS directly.

Payment Method:  Check Enclosed  Credit Card Information Below ( ) VISA ( ) Mastercard ( ) Discover

Card Number: \_\_\_\_\_

Valid through: \_\_\_ / \_\_\_ / \_\_\_ Security Code: \_\_\_\_\_ (on back of card)

Billing address for credit card: \_\_\_\_\_

Print name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

