

## COMPANY INFORMATION

COMPANY INFORMATION

Contact Name \_\_\_\_\_ Company Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX# \_\_\_\_\_  
 Method of Payment: Invoice \_\_\_\_\_ Check \_\_\_\_\_ [ Note: If paying by Credit Card or PO# - Complete back page only]  
 Email: \_\_\_\_\_

## STUDENT INFORMATION

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Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

## 2019 CLASS INFORMATION – CAL-STATE UNIVERSITY FULLERTON

		WINTER 2019			SPRING 2019			SUMMER 2019			FALL 2019		
CLASS	COST	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC
40 HR HAZWOPER	\$350	22-25	19-22	19-22	16-19	7-10	4-7	16-19	13-16	10-13	8-11	SOLD OUT	10-13
24 HR HAZWOPER	\$275	22-24	19-21	19-21	16-18	7-9	4-6	16-18	13-15	10-12	8-10	SOLD OUT	10-12
HM: TECHNICIAN	\$275	22-24	19-21	19-21	16-18	7-9	4-6	16-18	13-15	10-12	8-10	SOLD OUT	10-12
8 Hr HAZWOPER REFRESHER	\$100	22 or 23	19 or 20	19 or 20	16 or 17	7 or 8	4 or 5	16 or 17	13 or 14	10 or 11	8 or 9	5 or 6	10 or 11
FR: AWARENESS	\$100	22	19	19	16	7	4	16	13	10	8	5	10
FR: OPERATIONS	\$175	22-23	19-20	19-20	16-17	7-8	4-5	16-17	13-14	10-11	8-9	5-6	10-11
4 Hr GHS Hazard Communication	\$100	23	20	20	17	8	5	17	14	11	9	6	11
RCRA / DOT HAZMAT (California Waste Management)	\$275	28		18		6		29		9		SOLD OUT	
DOT HAZMAT	\$195	28		18		6		29		9		SOLD OUT	
HAZWATE COMPLETE	\$500	22-25, 28		18-22		6-10		15-19		9-13		SOLD OUT	
CONFINED SPACE	\$100												
FORKLIFT TRAIN-THE-TRAINER	\$275			29				26					

SCAN FORM TO [GIL@SAFETYCAT.COM](mailto:GIL@SAFETYCAT.COM)



HAZMAT / SAFETY TRAINING  
**SAFETYCAT.COM**

## CREDIT CARD /PO# PAYMENT AUTHORIZATION

### COMPANY

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Company City / State / Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Email #: \_\_\_\_\_ Phone \_\_\_\_\_

### PAYMENT

PO# (Authorized Customers) \_\_\_\_\_  
 Type of Credit Card: \_\_\_\_\_ MasterCard / VISA / American Express  
 Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV# \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Credit Card Billing Address: \_\_\_\_\_

### STUDENTS

Person Attending (PRINT) / Class / Date	Sub Total
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total amount billed: \$ _____</b>	

**SCAN FORM TO GIL@SAFETYCAT.COM**

**Please call if you have any questions  
 (714) 425-9915**

