



PALMER ASSOCIATES

Spirometry and Respirator Training
Industrial Medical Surveillance &
Quality Control Services

REGISTRATION FORM

Name and Title _____

Company _____

Street _____

CITY, STATE/ZIP _____

Phone _____

FAX _____

EMAIL _____

Home Phone _____

Course Date _____ Location _____

Please call our office if you plan to bring your own equipment.

Please select the course you want to register for:

- Spirometry Training - \$550

Spirometer Type Used: _____

- Spirometry Refresher - \$450

Spirometer Type Used: _____

- Respirator Protection Training - \$550

Type of Respirator Currently Used:(if known) _____

Fit Testing Procedure Employed: _____

Please send a check along with this registration form

Due 2 weeks prior to course. No refunds but transferable.

Mail To:

Palmer Associates Inc.
1840 41st Ave Suite 102-258
Capitola, CA, 95010

Phone: (831) 239 0422

FAX: (831) 462-5652

Make checks payable to: Palmer Associates Inc.