

REGISTRATION

for training through

Manning Emergency Educators, Inc.
64 Terrace Street, Marlborough, NH
(ph)876-4905, (fax)876-4836
(email) info@emergencyed.net

TO REGISTER ... Fax or Mail this completed form, ASAP!

You will receive confirmation upon receipt of your enrollment. Questions -- just get in touch!

Space is available on a first come – first served basis.

Program _____	Date(s) _____
Name _____ (please print)	Signature _____
Address _____	City _____ Zip _____
Phone: Days _____	Evenings _____ Email _____
Best time/place to reach you: _____	

FINANCIAL INFORMATION ...

If you are paying for yourself (in any part), you may submit this registration online and then MAIL the non-refundable deposit (see specific course information for amount).

Please write check to Manning Emergency Educators, Inc. at address below.

Payment Enclosed \$ _____ Check # _____

If your squad/department/employer/agency will be paying in part or in full... please have the appropriate official complete the following and mail, fax or email back:

% of Course Fees to be billed _____	
Responsible party: _____ (Squad/Dept/Employer/Agency Name)	
Authorization by: _____ (Print Name)	Position: _____
Authorizing Signature: _____	Tel #: _____
Email: _____	Fax: _____
Billing Address _____ _____	

Information/registration is also available on line @ www.emergencyed.net ...