



# Northeast Florida Safety Council, Inc.

Occupational Safety & Health Department  
1725 Art Museum Drive  
Jacksonville, Florida 32207  
[www.jaxsafety.com](http://www.jaxsafety.com)

### For Office Use Only:

Entered  Confirmed   
Member  Net30  COD   
NonMember  Cash  CC   
Paid  Check# \_\_\_\_\_

# Class Registration Form

<i>OSH Director</i> <b>904-399-3119 ext. 121</b>	<i>OSH Manager</i> <b>904-399-3119 ext. 124</b>	<i>OSH Assistant</i> <b>904-399-3119 ext. 142</b>	<i>Member Representative</i> <b>904-399-3119 ext. 127</b>
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**FAX:** (904) 399-8001 **ATTENTION: OSH DEPARTMENT**

**Email:** osh-registration@nefsc.org

**If Confirmation of Enrollment is Required Please Check Box**

To enroll in classes, please fill out the form below. Please **print** all information clearly.

Student Name(s)	Class	Scheduled Class Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Please arrive 15 minutes prior to class start time. Late arrivals may not be admitted.**

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

Billing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**By Registering, I agree and become financially obligated to pay the student, class or course fees incurred.**

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Acceptable forms of payment: cash, company check or credit card.

Non-members must pre-pay.

Payment is required **regardless of attendance** without 24 hour notification of cancellation or rescheduling.

All Cancellations or changes **MUST** be done by phone or email.

To pay by credit card for the above employee(s), simply fill out the form below:

Note: Card will be processed at the beginning of the class. Card numbers are not kept on file.

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Type of Card \_\_\_\_\_ Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CcSecVer# \_\_\_\_\_