



1000 Peachtree Industrial Blvd.  
Suite 6 PMB 287  
Suwanee, GA 30024

To Register:

Send this form by fax to **678-669-2678**

OR Phone us at **678-469-5120**

OR e-mail: **registration@npdestraining.com**

OR Mail to: **1000Peachtree Industrial Blvd.**

**Suite 6, PMB 287, Suwanee, GA 30024**

OR register online at:

**www.NPDEStraining.com**

PLEASE COMPLETE APPLICATION BELOW

Name \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_

Company \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Class \_\_\_\_\_

City \_\_\_\_\_

Time \_\_\_\_\_ am/pm

Level 1A Fundamentals (\$150)

Level 1A Re-Cert (\$90)

Level 1B Adv. Fundamentals (\$250)

Level 1B Re-Cert (\$90)

Level 2 Intro. To Design (\$350)

Level 2 Re-Cert (\$90)

Subcontractor Awareness (\$65)

# of persons being registered: \_\_\_\_\_ x \$ \_\_\_\_\_ per person = \$ \_\_\_\_\_ TOTAL

Names of attendees if registering for multiple people \_\_\_\_\_

IF MAILING A CHECK, PLEASE INDICATE THE CHECK NUMBER \_\_\_\_\_ AND THE DATE THE CHECK WAS MAILED ( \_\_/\_\_/\_\_ )

**SIGNATURE** \_\_\_\_\_ Signature authorizes NPDES Training Institute/GeoLOGIC to order the necessary training materials for the number of individuals you have indicated and by signing, you understand that this purchase is non-refundable should you cancel.

<b><u>CREDIT CARD INFORMATION</u></b>		
CARD HOLDER NAME _____		
Billing address where the card bill is sent: _____		
Type of Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card Number _____	Expiration Date _____	Card Security # _____