



REGISTRATION FORM

1) Select Class

I would like to attend the following seminar :

Detailed descriptions and dates are available on our website

- Course title (please select one) DOT/EPA/State Hazardous waste 2 day compliance
 DOT/EPA/State Hazardous waste 1 day refresher
 Universal Waste Management and shipping, 1 day
 Hazardous waste regulations for Massachusetts LSP's, 1 day
 Other _____

Date of seminar: _____

Location: City _____ State _____

2) Attendee information

Attendee Name _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email _____

3) Payment Information

- Check enclosed (please make checks payable to "RCSNE")
 Please charge the following credit card (VISA, Mastercard, AMEX)

Name on card _____ Expires _____ Billing Zip code _____

Card Number _____ CVV (3 digit code) _____

4) Enroll

Email: E-mail registration form with Credit Card Authorization to: enroll@rcsne.com

By Fax: Fax Registration form with Credit Card Authorization to: **(508)839-0202**

By Mail: Mail registration with check or Credit Card Authorization to: **RCSNE**

By Phone: Call us at **508-839-0200** & we will sign you up.

**P.O. Box 258
North Grafton, MA 01536**

Lunch & Break Refreshments are included.

Payment must be received 10 days prior to the course date. Cancellations **must** be made 10 business days prior to the start of the course for a refund however, attendee substitutions may be made at any time. **For more information, please contact our office at (508) 839-0200.**

