



TRAINING CLASS ENROLLMENT FORM
 12393 Slauson Ave Whittier, CA 90606
 TEL (562) 654-3627
 EMAIL DANIEL.BARRON@SCMH.COM



DATE: _____

CUSTOMER INFORMATION

COMPANY NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP _____
 EMAIL: _____
 PHONE #: _____ FAX: _____

CLASS INFORMATION

CLASS DATE: _____ TIME: _____ DAY: _____
 CLASS LOCATION: Whittier San Fernando Valley On Site
 TYPE OF CLASS: OST (ENG) OST (SPAN) OST (Bilingual) TTT (Train the Trainer)
 TYPE FORKLIFT: SIT - DOWN STAND-UP / REACH ORDER PICKER Aerial OST/TTT
 NUMBER OF STUDENTS: _____ NO. ENGLISH: _____ NO. SPANISH: _____
 STUDENT'S NAME: _____
 COST PER STUDENT: _____ TOTAL AMOUNT: \$ _____

BILLING INFORMATION

P.O. #: _____ ACCT #: _____
 CHECK #: _____ RECEIPT #: _____ SO #: _____
 CREDIT CARD #: _____ EXP. DATE: _____ CC CODE: _____

PLEASE READ THE FOLLOWING NOTICE CAREFULLY BEFORE SIGNING THIS ENROLLMENT FORM:

- Fees must be paid, or a credit account set up, prior to the class date. Please confirm all information such as time, date and location where class will be held is accurate.
CANCELLATION POLICY:
- If you are not able to attend a scheduled training class and do not give SCMH a 24-hour notice, we will invoice your company for the total amount of the training class which you may use as a credit for a future class within one year of the invoice date.
- If SCMH should cancel the training for any reason, we will reschedule your class for another day within 30 days of the cancellation date.

AUTHORIZED CONTACT NAME: _____ SIGNATURE: _____
 POSITION / TITLE: _____ DATE: _____