



**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: \_\_\_\_\_