

2017 Reasonable Suspicion Web Class - Registration Form

We are pleased to announce our upcoming Webinar services and invite you to attend one or more of our web-based training seminars. The **OSHA** ruling which became effective on December 1, 2016 requires reasonable suspicion and this web class will assist with Non-DOT Post-Accident Drug Testing. We ask that you RSVP early as space is limited.

For **ALL** seminars, please RSVP and include this registration form to the following:

Via Email: Rita M. Lebo @ rlebo@worknetoccmcd.com and Cara Faessen @ cfaessen@worknetoccmcd.com

OR Via Fax to Rita M. Lebo @ Fax #: 717.635.3578. If you do not receive an email confirmation then you must re fax the registration form. A week prior to the class you will receive a formal invitation. To view the presentation you must have ADOBE FLASH on your computer.

Please indicate the Webinar(s) you will be attending

June

June 20th, 2017 DOT Reasonable Suspicion Training with Certificate
10AM – 12PM EST* \$45.00 per person**

June 20th, 2017 Non-DOT Reasonable Suspicion Training with Certificate, upon request
1:00 PM – 2:00 PM EST* \$35.00 per person**

July

July 26th, 2017 DOT Reasonable Suspicion Training with Certificate
10AM – 12PM EST* \$45.00 per person**

July 26th, 2017 Non-DOT Reasonable Suspicion Training with Certificate, upon request
1:00 PM – 2:00 PM EST* \$35.00 per person**

September

September 21st, 2017 DOT Reasonable Suspicion Training with Certificate
10AM – 12PM EST* \$45.00 per person**

September 21st, 2017 Non-DOT Reasonable Suspicion Training with Certificate, upon request
1:00 PM – 2:00 PM EST* \$35.00 per person**

* Please note all meeting lengths are approximate.

**Cancellation Notice: If you need to cancel your registration you must do so in writing, via email (rlebo@worknetoccmcd.com) to Rita M. Lebo. All cancellations must be received a minimum of 14 days prior to the scheduled web class. Thank you.

Reasonable Suspicion Web Class - Registration Form

Please print clearly. Thank you.

Print Name(s) of Attendee(s):

Company Name:




Company Address:

Email Address:

Telephone Number:

Billing:

Invoice to Company Address Listed Above.

Major Credit Card Payment – We accept   

Name Credit Card: MasterCard DISCOVER VISA

Name on Credit Card:

Credit Card Number:

Security Code:

Expiration Date:

Total Amount Charged: