



ADVANCED AUTO EXTRICATION TRAINING



APRIL 29-30, 2009
0800-1700
Registration Form

Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Agency Telephone: _____ FAX: _____

NAME and E-MAIL ADDRESS OF ATTENDEE(S):

_____	_____
_____	_____
_____	_____

Course cost: \$350.00 per person. Limited to 44 students.

METHOD OF PAYMENT (Payment is due before adding above individual(s) to the class roster)

Total amount due: \$ _____

- Check # _____ (payable to **Lemont Professional Firefighters Local 3966**) is enclosed.
Mail completed registration form and payment to:

Lemont Professional Firefighters Local 3966
12940 Bell Road, Suite 3966
Lemont, IL 60439

- Bill Agency. Purchase Order # _____ is enclosed. (Attach purchase order to completed registration form.) Mail to above address or Fax to: (630) 257-4702

Questions
Office Phone (630) 257-0054 leave message or
Contact Matt Peksa either by e-mail: lemontfirelt@comcast.net or by phone: (708)243-7652