|  |  |
| --- | --- |
| **www.safetyandcpr.com** | USC – University Safety and CPR  (877) USC-1911 ph. / email: safetyandcpr@att.net |

# Student Course Enrollment Form – Please complete form (online fillable)

## Student Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | First: | M.I.: | Last: |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Phone: |  | Mobile Phone: |  |

|  |  |
| --- | --- |
| Email |  |
| Last 4  SSN or Gov’t ID: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Course L  Location | 3320 W. Manchester Blvd. | City, State, Zip | Inglewood, Ca 90305 |

|  |  |
| --- | --- |
| Check the Course Title | CPR/FA OSHA 10/30 EM385 OSHA Compliance Course  x |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | April 3-6, 2018  x | Course total **$575.00**  Discounted Price | Total $675.00 (-$100.00) EM385 & OSHA 30 Both Certifications |

## Student Job Information

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## PAYMENT INFORMATION

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Account Type:  Visa  MasterCard  AMEX  Discover  ATM  Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_  3 Digit CVC Security Code \_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_\_  Cash  Company Check  Paypal Money Request  \*Note: No personal checks accepted |

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.