



Compliance Solutions

Today's Training... Tomorrow's Solution

®

LS: WEB

Competitor Price Match Request Registration Form

Company Name:

Company Address: Suite / Unit:

City: State: Zip Code:

Company Phone: Company fax:

Company Website Address: Contact E-Mail:

Company Contact Name:

*Please fill out the following information for the employees you plan to register.
To insure you get the proper credit, don't forget to fax a copy of the advertisement you received along with this registration
(If the price listed is on a website, simply enter the web address in the "Competitor Name" space below).*

Competitor Name:

Student Name:	<input type="text"/>	Email:	<input type="text"/>	Fit-Test (\$35)	<input type="checkbox"/>
Class Type:	<input type="text"/>	Class City:	<input type="text"/>	Class Date:	<input type="text"/>
				Cost:	\$ <input type="text"/>
Student Name:	<input type="text"/>	Email:	<input type="text"/>	Fit-Test (\$35)	<input type="checkbox"/>
Class Type:	<input type="text"/>	Class City:	<input type="text"/>	Class Date:	<input type="text"/>
				Cost:	\$ <input type="text"/>
Student Name:	<input type="text"/>	Email:	<input type="text"/>	Fit-Test (\$35)	<input type="checkbox"/>
Class Type:	<input type="text"/>	Class City:	<input type="text"/>	Class Date:	<input type="text"/>
				Cost:	\$ <input type="text"/>

Please attach a copy of the written offer from our competitor and fax it back with this completed registration form to: 1-800-511-4944

Payment Method

Bill Me:	<input type="checkbox"/>	*Check By Fax:	<input type="checkbox"/>	Overnight Check:	<input type="checkbox"/>	Credit Card:	<input type="checkbox"/>	PO: (must be attached to order)	<input type="checkbox"/>
Visa:	<input type="checkbox"/>	Master Card:	<input type="checkbox"/>	AMEX:	<input type="checkbox"/>	Discover:	<input type="checkbox"/>		
Card Number:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Exp. Date:	<input type="text"/>	/	<input type="text"/>
Billing Address:	<input type="text"/>	Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Signature of Card Holder:	<input type="text"/>	Printed Name:	<input type="text"/>	Today's Date:	<input type="text"/>				

Price match does not apply to: OSHA 10 and 30-hour courses, competitors receiving grants or funding from government agencies, custom development or onsite training.