



# 2020 MSHA Training Registration Form

## National Safety Council of NNE

2 Whitney Road, Suite 11, Concord, NH 03301

**Phone:** (603) 228-1401 or (800) 834-6472

**Email:** [info@nscnne.org](mailto:info@nscnne.org)

By completing this form, you are registering for a training course offered by the National Safety Council of Northern New England. You are also confirming that you have read and understand the cancellation policy.

**\* Please fill out one registration form for each training date you would like to attend.**

Class Title:	
Class Date:	Class Location:

<b>Company Contact Information</b>	
<b>CONTACT NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>EMAIL:</b>	
<b>BILLING ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	

<p><b>Company Size (Check One)</b></p> <p><input type="checkbox"/> 5 or Less Miners</p> <p><input type="checkbox"/> 6 or More Miners</p>
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**REGISTRATION AND CANCELLATION POLICY:** Advance registration for MSHA classes is required. There will be no refunds for participant cancellations and no-shows, however, other participants can be substituted or dates changed given at least 24 hours notice. The NSCNNE reserves the right to cancel or re-schedule classes due to insufficient enrollments or inclement weather. In such cases, a full refund will be given or credit for a future MSHA class if preferred. All Cancellations and Rescheduling must be made in writing by fax or e-mail (phone calls are not sufficient notification.)

In the event of inclement weather, the NSCNNE will follow the same closing & delay schedule as announced by the Concord, NH School District and reported on WMUR [www.wmur.com/weather/closings](http://www.wmur.com/weather/closings). If a class is to be cancelled due to inclement weather, NSCNNE will try to make that decision in a timely manner and to notify the companies as well as the registered attendees. If you would like to provide attendees e-mails on this registration, they will be used solely for the purpose of cancellation notifications.

Fee Summary		Payment Information			
Participant Fee: \$50.00 per person		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Number of Participants (page 2)		Name of Card Holder:			
TOTAL DUE:		Card Holder Signature:			
		Card Number:			
		Exp. Date:		CVV-Code:	
		OR Check Enclosed:			

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# Registration Form for MSHA Training

Please fill out one registration form for each training date you would like to attend.

<b>Class Title:</b>	
<b>Class Date:</b>	<b>Class Location:</b>

Please indicate the **primary job** function of each of the attendees. This information helps us to better understand your training needs and assists us in determining the most relevant class content.

1. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
2. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
3. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
4. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
5. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
6. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
7. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
8. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
9. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
10. Participant Name: Email Address:	Sand & Gravel Operations: Truck Driver / Contractor:
<b>Total Number of Attendees:</b> ____ X      per person = <b>Total Amount Due:</b>	