

Phone: (706) 951-5685

Fax: (706) 651-9767

Resource Training Institute

Training Registration Form



www.rtii.org

Note: Please register early. Courses are subject to cancellation for lack of interest, so check with us especially before traveling to course offerings. All applications will be screened prior to registration confirmation.

*We cannot screen your application unless **ALL** information is filled in below.*

You may cancel your registration up to 10 working days before the training. If you cancel after then no refund will be issued, however, you may send a substitute. All cancellations must be received in writing.

Course No.:	Hours:	Course Title:	Tuition:
Class Time:	Start Date: _____ End Date: _____	Location:	

ATTENDEE INFORMATION

Name (First, MI, Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Title		
Phone	Fax		
E-mail	Social Security # (optional) <i>May be needed for access to DOE training facility.</i>		
Company Name			
Address		Dept./Bldg. - Mail Stop	
City	State	ZIP + 4	
Associated Government Agency	<input type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> EPA <input type="checkbox"/> NRC <input type="checkbox"/> State <input type="checkbox"/> Other		

Privacy Act Statement

- Authority - The Government Employees Training Act of 1958 (US Code, Title 5, Sections 4101 to 4118).
- Principle Purpose - To obtain the authorization necessary for training.
- Routine Uses - To document request for training and show approval and authorization by supervision.
- Disclosure - Mandatory. Failure to provide this information may result in incomplete training records.

PAYMENT METHOD (NOTE: If payment is not received we can not confirm registration. Payment is due before the start date.)

**** If paying by check or purchase order, please send this form via facsimile to (706) 651-9767.****

Total Amount Due: _____

Check payable to: Resource Training Institute → **Mail payments to:** Resource Training Institute - 4141 Quinn Dr.
Evans, GA 30809

SF182 or Purchase Order # _____
(Forward SF182 or purchase order with completed Training Request Form)

**** If paying by credit card, please send this form via facsimile to (706) 651-9767.****

Total Amount Due: _____	Billing Information: <input type="checkbox"/> Same as above
Charge to: _____ Card Number	Cardholder's Name: _____
Expiration Date: _____	Address: _____
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card	City: _____ State: _____ Zip Code: _____
<input type="checkbox"/> Discover <input type="checkbox"/> American Express	

Comments:

Submit Form to Registrar

For RTI use only:

IMPS Initial/Date

Registrar Initial/Date

Verification Initial/Date