



2015 Supervisor/Trainee Course Registration Form

Thursday, August 27, 2015 9:00 a.m. to 1:00 p.m.

Registration will begin at 8:30 am at the Fayetteville Chamber of Commerce located at
123 W. Mountain St., Fayetteville, AR 72701

Please Note: Meeting room temperature can vary. It is wise to dress in layers.

Name: _____
(Please print)

Address: _____

I plan to be a: Trainee Supervisor

Trainees: My supervisor will be: _____

Supervisor Certification number: _____

Supervisors: My trainee(s) is/are (the maximum is three):

1. _____

2. _____

3. _____

Course Fee: \$50 per person Amount enclosed (checks only): _____

(Refunds will not be issued after Thursday August 20th)

E-mail: _____

Signature: _____

Date: _____