

FIRST COURSE	DESIRED DATE	ALTERNATE DATE	COST

SECOND COURSE	DESIRED DATE	ALTERNATE DATE	COST

I understand that in signing up for the above courses, I am making a commitment to attend the courses, arrive on time, participate to the best of my ability and stay for the entire length of the course. I understand that if a schedule conflict arises I will contact my supervisor and Stacey Tupper at least 5 business days before the course is to begin. If I am ill or another emergency comes up on the day of the training, I will contact my supervisor and Stacey Tupper, Training Registrar (207.774.6323 x 442) as soon as possible. I understand that if I do not, the training fee will be forfeited.

TOTAL COST

NAME	E-MAIL ADDRESS	MAILING ADDRESS	HOME PHONE

BUSINESS E-MAIL ADDRESS	BUSINESS MAILING ADDRESS	BUSINESS PHONE



YOUR SIGNATURE _____

DATE _____

FOR GOODWILL SUPERVISORS

SUPERVISOR NAME	PROGRAM NAME	CHARGE TO THIS PROGRAM #

SUPERVISOR APPROVAL:

I certify that this employee meets the pre-requisite requirements for these courses and I will arrange his/her work schedule to insure adequate flexibility to allow him/her to arrive and leave on-time. I understand that if this employee cannot attend, I can replace him/her with another qualified employee, otherwise the registration fee will be lost.



SUPERVISOR SIGNATURE _____

DATE _____

OTHER ORGANIZATION OR INDIVIDUALS

PAY BY CHECK Make check payable to: Goodwill Industries of Northern New England P.O. Box 8600, Portland, ME 04104 Attention: Stacey Tupper, Training Registrar	PAY WITH MASTERCARD	PAY WITH VISA
	CARD HOLDER'S NAME: _____	
	CREDIT CARD # _____	
	EXPIRATION DATE: _____	
	CARD HOLDER'S SIGNATURE: _____	

SEND TO: Stacey Tupper, Training Coordinator 353 Cumberland Avenue, Portland 04101 (207)774.6323 x 442
P.O. Box 8600, Portland, Maine 04104. FAX (207)761.8460 EMAIL: stupper@goodwillnne.org