

REGISTRATION FORM
COMPETENT PERSON SEMINAR
NEWBURGH, NY 12550
OCTOBER 28, 2008
8:00 AM – 5:00 PM

COMPANY NAME: _____

PHONE # _____

FAX # _____

E-MAIL ADDRESS _____

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

CREDIT CARD INFORMATION
PLEASE COMPLETE AND RETURN TO:
AMERICAN SHORING, INC.
207 LAKE STREET (ROUTE 32)
NEWBURGH, NY 12550
FAX # 845-562-2411

VISA/MASTER CARD/AMERICAN EXPRESS

CARD # _____

EXP. DATE: _____

SIGNATURE: _____