

COURSE REGISTRATION FORM

Advanced Ergonomics, Inc.

Ergonomics Specialist Training

Name: _____
Name of Clinic: _____
Address: _____

Phone: _____
Fax: _____
Course Dates: _____

Mail or Fax to: **Mary Selan**
Business Office Manager
Advanced Ergonomics, Inc.
5550 LBJ Freeway Suite 350
Dallas, TX 75240
Phone (972) 239-3746 extension 202
Fax (972) 239-3757

Checks payable to Advanced Ergonomics, Inc. must be received no later than five (5) days prior to course attendance for registration to be considered complete.