



Registration Form

For a complete list of HASC courses and descriptions, please visit our website www.hasc.com

HASC Account Number: _____ HASC Location: Pasadena NASA - Annex
 Baytown Mid-Coast

PAYMENT

Non-Members must pay before services are rendered. Members will be billed unless one of the following is selected:

Employee to pay at Check-In Company Credit Card on file with last 4 digits: _____

Job/P.O. Number: _____

Contractor Co.: _____

Contact Person: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Training Date:		*Use a separate form for each day of training		
Trainee			Course	
HASC ID NO./ SOCIAL SECURITY NO.	Last Name	First Name	Course Codes <small>*Separate them with a comma.</small>	Retest Authorization
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

By authorizing "Retest", you are allowing the trainee to retake the failed course and continue with the remaining scheduled courses.

No show and cancellation fees may apply. See course descriptions at www.hasc.com for more information.

Your signature authorizes training, and in the case of HASC members, billing for the courses requested above.

Authorized Signature

Date

For Office Use Only		
Data entry:	Receipt Number:	Paid out by:

CONTACT

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