



Company:		Company Representatives Name:	
Company Address:			
City:	Clewiston	State:	
Phone Number:		Email Address:	
Student's Name:		Student's Title:	
Student's Phone Number:		Student's Email Address:	

	Class(s) Chosen	Class	Cost Per Student	Head Count Limit	Dates For 2023
1.		24HR HAZWOPER Training	\$925.00	25	August 19, 20, 21, 2024
2.		8HR Incident Command Training	\$225.00	25	August 22, 2024
3.		8HR HAZWOPER Refresher Training	\$225.00	25	August 23, 2024

*To qualify for the 8HR Incident Command Training you must be able to show proof that you have successfully completed the 24HR HAZWOPER Training

All classes to be held at:

Hendry County Adult School, Clewiston
 475 E. Osceola Ave
 Clewiston, FL 33440

- The student's seat in class will be reserved and secured upon receipt of payment **and** the submission of this completed document to Glades Professional Services, LLC.
- Payment must be included with your registration form and **must be received 10 business days prior to the first day of class to secure your seat.**
- Anyone wishing to cancel their seat and receive a refund **must do so prior to 10 business days before the first day of class.** All cancellations during this period will receive a refund of the full class cost minus 25% of the full class cost.
- **No refunds** will be given for cancellations inside of 10 business days prior to the date of the first day of class. Another student may be substituted for the original student enrolled in the class at no extra cost. Just contact us with the change and complete another registration form for the new student.
- Should the class be cancelled due to weather (hurricane, tropical storm, etc.), the class will be rescheduled.
- To meet course participation requirement, **full attendance for each day of class is mandatory.**

Please return this completed registration form along with your check for the full amount to:

Glades Professional Services, LLC
 P. O. Box 1151
 Clewiston, FL 33440

Total Payment Amount Enclosed:	
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*Make all checks payable to: *Glades Professional Services, LLC*

Company Representative's Name:	
Company Representative's Signature:	Date: