



# fax / local registration (281) 476-9936

please specify HASC location

DEER PARK -  
Headquarters

NASA - Annex

for a complete list of HASC courses and descriptions, please visit our website  
**www.hacsc.com**

**HASC Account Number:** \_\_\_\_\_

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: \_\_\_\_\_  
 (Contact the Accounting Department at ext. 2902 if you have questions)

Job: \_\_\_\_\_ Purchase Order: \_\_\_\_\_  
 Contractor Co.: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To process FIT Test registrations, complete the attached Respiratory Program Information Form

**Training Date:** \_\_\_\_\_ *Use a separate form for each day of training*

TRAINEE			COURSE	
Social Security No.	Last Name	First Name	Course Code	Retest Authorization
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

*By authorizing "Retest", HASC will re-register trainee for the unsuccessfully completed course and allow him/her to continue training.*

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:	