

REGISTRATION FORM

Mine Safety & Health Training Program

NIC Workforce Training Center

525 South Clearwater Loop Post Falls, ID 83854

Phone 208.625-2359

Email minesafety@nic.edu

Student Information *(* Required Field)*

* First Middle * Last

* Mailing Address

* City, State, Zip

Company * Phone

* Student E-mail * Date of Birth

* For Federal & State reporting purposes only. Male Female

Course Information

Course Title: Start Date: Fee:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Release *(if applicable)*

Student Release: I authorize the person designated below to register me for classes, make changes to my class schedule and/or have access to my student records. Signature* Date

*Authorized Person/Company

*E-mail

Payment Information

Method of Payment

Credit/Debit Card Cash Check (payable to North Idaho College) Paid by Employer

Card Information Visa MasterCard

Card Number Exp Date CV Code

- I authorize North Idaho College to charge the above referenced card only for the amount specified.

Cardholder Name Signature

Billing Address

City State Zip Phone