



MURANAKA ENVIRONMENTAL CONSULTANTS, INC.  
 P.O. Box 4341 Honolulu, HI 96812. Phone: 808-845-8822, Fax 808-845-8823,  
 Email: training@muranakaenvironmental.com

## TRAINING COURSE REGISTRATION

You may register by email, fax, or regular U.S. mail:

**\*\*\* Need copy of current license/certificate for all Refresher courses\*\*\*\***

Course Title: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Course Price: \$ \_\_\_\_\_ / per person

**\*\*\* Need to email copy of current license/certificate for all Refresher courses \*\*\***

Attendee's Name <b>(NAME MUST MATCH DRIVER'S LICENSE)</b>	Birth Date (required for LBP RRPclass)	Last 4 digits of SS #

(Attach additional sheets if necessary.)

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PAYMENT MUST BE RECEIVED PRIOR TO START OF CLASS.**

Please make payment payable to: Muranaka Environmental Consultants, Inc.

Reservations are confirmed upon receipt of payment.

(Please use separate registration forms per class.)

Method of Payment:    Check or Cash     P.O. #     Credit Card

**If you are paying by credit card, please complete the attached  
 Credit Card Authorization Form**

Conditions: The course fee will be fully refunded for cancellations received seven (7) calendar days prior to the start of the course. Cancellations received within 7 calendar days of a scheduled class will be subject to a 50% fee. Muranaka Environmental Consultants, Inc. reserves the right to cancel any course based on a minimum participation or the availability of instructors at which time all fees will be refunded. Tuition refund will not be made for attendee who took refresher course and submitted an invalid certificate from a prior course. Muranaka Environmental Consultants, Inc. shall not be responsible for travel or any other cost(s)

Proj. # / Code \_\_\_\_\_ (For Office Use Only)



**MURANAKA ENVIRONMENTAL CONSULTANTS, INC.**  
**P.O. BOX 4341 HONOLULU HI 96812**

**CREDIT CARD PAYMENT AUTHORIZATION**

NAME (as listed on card): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

VISA    MASTERCARD    AMEX  
(Circle One)

CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV CODE: \_\_\_\_\_

I agree to pay the credit card charges as authorized:

\_\_\_\_\_  
Signature as on card    Date