

# OSHA 10-HOUR SAFETY TRAINING COURSE

## REQUESTED CLASS INFORMATION

<b>TODAY'S DATE</b>		<b>CLASS DATE</b>		<b>TIME</b>	
<i>Class must be held over 2 days, 7.5 hour max per day</i>					
<b>LOCATION</b>	<input type="checkbox"/> <b>ELK GROVE VILLAGE</b> 1815 Landmeier Road		<input type="checkbox"/> <b>BEDFORD PARK</b> 6400 W 73rd Street		

## CUSTOMER INFORMATION

<b>COMPANY</b>		<b>PHONE #</b>	
<b>ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>

## PAYMENT METHOD (CHECK 1 BOX AND FILL OUT CORRESPONDING INFORMATION)

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>ATLAS ACCOUNT</b> (if applicable)		<b>CREDIT CARD</b>		<b>CASHIERS / CERTIFIED CHECK OR MONEY ORDER</b>	
<b>ACCOUNT #</b>		<b>CARD #</b>		<b>CVV</b>	
<b>PO #</b>		<b>EXP. DATE</b>		<b>ZIP</b>	
		<b>NAME</b>			
made out to Atlas Companies					

## PERSONNEL ATTENDING CLASS (PLEASE PRINT USING CAPITAL LETTERS)

**\$175 per person for OSHA Safety Training Course (20 person maximum)**

<b>1.</b>	<b>6.</b>
<b>2.</b>	<b>7.</b>
<b>3.</b>	<b>8.</b>
<b>4.</b>	<b>9.</b>
<b>5.</b>	<b>10.</b>

Authorized By: \_\_\_\_\_  
(Please Print Clearly)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I confirm that the digital signature above may represent the expressed consent of the individual named above. I understand I may not digitally sign on another individual's behalf.

Custom classes are available on-site at your place of business by request for groups.

For more information:

**Contact the Training Department**

Phone: (708) 329-0649

Email: Training@AtlasToyota.com

**PLEASE SEND FORM TO:**

**EMAIL** Training@AtlasToyota.com  
OR  
**FAX** (708) 496-2391 ATTN: Training

Thank you for your interest in our OSHA compliant safety & training classes.  
For further information, please visit [WWW.ATLASTOYOTA.COM](http://WWW.ATLASTOYOTA.COM)

