

Course Registration Form
RRP Course – Instructed by Chem Scope

September 24, 2019

8:00am – 5:00pm

Birdseye Municipal Complex

468 Birdseye Street

Stratford, CT 06615

Write your name as you would like it to appear on your certificate. Please print legibly.

NAME			
	FIRST	MIDDLE	LAST

ADDRESS				
	ADDRESS	CITY	STATE	ZIP CODE

EMAIL ADDRESS	
TELEPHONE NUMBER	
FAX	
DATE OF BIRTH	

Why are you taking this course? (Are you a contractor, landlord or property manager?):

If you are associated with a contracting or property management business, please provide the business name:

How will you be paying the \$75.00 registration fee? (Cash, check or card)

Please drop of or mail your form and cash/check to:

 Attn: Alivia Coleman
 Stratford Health Department
 468 Birdseye Street
 Stratford, CT 06615

To pay with a credit/debit card, please visit the Stratford Health Department.
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