



DOT Compliance Help, Inc.

Registration Form

(please fax completed form to 480-287-8058)

Company Name			Attendee Name (please use separate form for each attendee)		
Mailing Address			Position / Title		
Address 2			Office Phone		
City			Mobile Phone		
State	Zip	DOT #	Email Address		
Which location would you like to attend?					Date(s)

Daily Schedule (check the classes to reserve your seat):

Day 1 Classes

			Cost
<input type="checkbox"/>	8:30am to Noon	DOT Compliance Overview & Audit Survival	\$300
<input type="checkbox"/>	1:00pm to 3:00pm	Supervisor Drug & Alcohol Training	\$150
<input type="checkbox"/>	3:15pm to 5:15pm	Driver Qualification File Workshop	\$150

Day 2 Classes

			Cost
<input type="checkbox"/>	8:15am to 10:15am	Hours of Service Workshop	\$150
<input type="checkbox"/>	10:30am to 12:30pm	Maintenance Management Workshop	\$150
<input type="checkbox"/>	1:00pm to 3:00pm	Accident Reporting & Prevention Workshop	\$150
<input type="checkbox"/>	3:15pm to 5:15pm	Train the Trainer	\$150

NOTE: Attend all 7 classes for only \$999

Payment Information:

Circle Type AMEX Discover MasterCard Visa Check

Credit Card #	Amount to Charge
Name on Card	Expiration Date
Billing Address	CVC (3-4 digits on back)
City	ST Zip

Make checks payable to:

DOT Compliance Help, Inc.
PO Box 872
Carpentersville, IL 60110