



LOCAL 39

TRAINING DEPARTMENT

San Francisco
560 Barneveld Avenue
San Francisco, CA 94124
tel: (415) 285-3939
fax: (415) 285-6916

Sacramento
1513 Sports Drive, Suite 150
Sacramento, CA 95834
tel: (916) 928-0200
fax: (916) 928-0210

www.local39training.org

Registration Form

Mail completed form including check, money order or credit card information to:

Local 39 Training Department
Attn: Registration Department
560 Barneveld Avenue,
San Francisco, CA 94124

Please complete the form.

- 1) **Check or Money Order** payable to Local 39 Training Department.
- 2) **Credit Card:** We accept American Express, Discover, MasterCard, or Visa.

If paying by credit card, you may also fax completed form to (415) 285-6916.

Registration forms that are incomplete or do not include payment will not be processed, and space WILL NOT be held.

CANCELLATION & REFUND POLICY: Full refunds will be issued when a class is sold out or has been cancelled. Registrants who wish to withdraw or transfer to another class must notify the Local 39 Training Department **seven business days** prior to the start of the class, course or seminar to receive a full refund. No refunds will be issued for late notifications. All refunds will be sent by mail.

STUDENT INFORMATION (Both home and employer information is required below.)

FIRST NAME & LAST NAME / TITLE OR JOB CLASSIFICATION	LOCAL 39 UNION MEMBERSHIP NUMBER/UNIT NUMBER (IF STATE OF CALIF. EMPLOYEE)
HOME ADDRESS	EMPLOYER NAME AND TYPE OF BUILDING/FACILITY
CITY STATE ZIP CODE	JOB SITE NAME AND ADDRESS
EMAIL ADDRESS	MULTIPLE BUILDING COMPLEX? YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME OR MOBILE TELEPHONE NUMBER ()	WORK TELEPHONE ()

COURSE/CLASS/SEMINAR AND PAYMENT INFORMATION

To qualify for these rates, completion of union registration number/unit number, employer name and job site address is required. *Space will not be reserved if this information is not provided.*

FEE: **Member of Contributing Employer** \$XXX
Member of Non-Contributing Employer \$XXX
Affiliate Rate \$XXX

Class registration is Member specific and is non-transferrable.

CODE	TITLE	LOCATION	START DATE	TIME	FEE
<input type="checkbox"/> Credit Card; Please circle card type:					TOTAL DUE
<input type="checkbox"/> If paying with a company credit card, check this box.					
CARD NUMBER			EXPIRATION DATE		TOTAL AMOUNT
NAME AS IT APPEARS ON CARD			SIGNATURE		
<input type="checkbox"/> Money Order # _____		<input type="checkbox"/> Check # _____		<input type="checkbox"/> Company Check? If YES, Company name: _____	

FOR OFFICE USE ONLY

DATE RECEIVED & INITIALS	INVOICE / RECEIPT #	TOTAL AMOUNT RECEIVED \$
<input type="checkbox"/> DATABASE _____ <input type="checkbox"/> ACCOUNTING _____	<input type="checkbox"/> REFUND _____ <input type="checkbox"/> TRANSFER _____	<input type="checkbox"/> Purchase Order # _____ <input type="checkbox"/> Unit 12 Billing _____