



Registration Form

Company _____ Telephone (_____) _____

Participant's Name _____ Fax (_____) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Mobile Accessible Email Address (participant) _____

Contact (if different from participant) _____ Email _____

Please Select Your Desired Course(s):

☐ CAOHC Training Full - \$695.00
(includes all CAOHC fees and materials)

☐ CAOHC Training Recertification - \$495.00
(includes all CAOHC fees and materials)

CAOHC Certification #

☐ NIOSH PFT Training Full - \$675.00

☐ NIOSH PFT Training Refresher - \$495.00

☐ NIOSH Approved Web
Based Spirometry Refresher
Course \$475.00

City You Are Registering for: _____ Dates of Course (s): _____

METHOD OF PAYMENT:

☐ Payment Enclosed ☐ PO # _____

☐ VISA/MasterCard/AMEX CVV _____

Cardholder's Name (as it appears on cardholder) _____

Credit Card Number _____ Expiration Date ____/____/____

Authorized Signature: _____ Billing Zip Code _____

Authorized Name (please print): _____

Payment and Cancellation Policy: Registration and payment are due fifteen (15) working days prior to the course start date. Complete this form & fax to OMI at **(281) 492-0036**. Registration form and payment may be mailed to: OMI, 19424 Park Row, Suite 110, Houston, TX 77084. You can also register on-line at www.occupational.com under the Continuing Education tab or email us at info@occupational.com. If you have questions please call (281) 492-8250.

Notice of cancellation or rescheduling must be received by OMI ten (10) working days prior to the course start date for a full refund less a \$50 cancellation fee. All other cancellations, including **NO SHOWS** will not be refunded. Registrants unable to attend may send an alternate representative.
COURSES SHOULD NOT BE CONSIDERED CONFIRMED UNTIL THE COURSE PARTICIPANT RECEIVES A WRITTEN CONFIRMATION LETTER.

OMI reserves the right to cancel any course and make a full refund of course fees to company/participant.