

Open Enrollment Chainsaw Safety Training Registration Form

(Please complete **one** form for **each** attendee; make copies if needed)

Mail the top portion of this page with payment to: **FISTA @ PO Box 714, Rhinelander, WI 54501**

Name: _____ Last 4 Digits of SSN: _____

Company Name: _____

Indicate who is paying for the workshop: Individual Company

Please put attendee's information in the following:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

City	Date	Time	Registration Fee

Total Registration Fee Enclosed: \$ _____

Registration Fees

Open Enrollments: \$145.00

Do you have the proper equipment?

- Hard Hat Steel Toe Boots
- Chainsaw Chaps Chainsaw (in proper working order)
- Eye and Ear Protection Fuel
- Gloves Oil

*****Make sure to bring your own bag lunch*****

If you would like to pay with MasterCard or Visa, you may fax this registration form to FISTA at 715-282-7987.

Visa or MasterCard (circle one) Number: _____

Expiration Date: ____ / ____ Signature _____



Detach Here



Keep this portion for your records & use as a reminder!

Name of Individual Attending: _____

City	Date	Time