



Field School Registration Form

Course Date(s) Requested: _____

Location: _____

Student Name(s): _____

Email(s): _____

Student Phone Number(s) and/or Extension(s) _____

Professional Information

Dept/Agency Name: _____ **Phone:** _____

Mailing Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip Code:** _____

Occupation/Rank: _____

Payment type: **Credit Card** **Check** **Purchase Order**

Payment or PO must be submitted prior to the start of class.

Billing address: _____

Name on card: _____ **Card Type:** _____

Card Number: _____ **Card Expiration:** _____ **CVV#** _____

Authorized Signature: _____

Registration Forms can be mailed to:

Triton Training Group

7692 Peppers Ferry Road

Max Meadows, VA 24360

Or scanned and emailed to:

le@tritontraininggroup.com

Triton Training Group's Tax ID: 81-2619072

Contact (276) 266-4254 or email dporter@tritontraininggroup.com for further assistance.