



NORTHERN MICHIGAN  
UNIVERSITY

# COMPANY REGISTRATION FORM

We will send a confirmation to the employer

**To Register:** Complete the following form. Email to: [lmalnor@nmu.edu](mailto:lmalnor@nmu.edu) or mail to: Continuing Education & Workforce Development, Northern Michigan University, 1401 Presque Isle Ave., Marquette, MI 49855. Registrations will be held as pending until payment is received.

**Questions:** Call Continuing Education & Workforce Development (906) 227-2103.

**Company Name:** \_\_\_\_\_

**Company Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**MSHA:**      **8 hour training - \$175**      **24 hour training - \$400**

**Registrant Name** \_\_\_\_\_

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**Registrant Name** \_\_\_\_\_

**Registrant Name** \_\_\_\_\_

**Registrant Name** \_\_\_\_\_

**Registrant Name** \_\_\_\_\_

**10% Discount will be given for 5 or more people from one Company.**

**VISA      MC      Dis      Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **3 digit code (back of card):** \_\_\_\_\_ **Total**

**Amount \$** \_\_\_\_\_ **Signature of cardholder:** \_\_\_\_\_