

Enrollment Form

Name _____ Date _____

Address _____

City _____ State _____

Zip Code _____

Home Phone _____ Business Phone _____
Telephone contacts must be made during the day, please include a daytime telephone number or number where a message maybe left.

Course Title _____

Email Address _____ Amount Paid _____

Complete the enrollment form and return with a check or money order made payable to IUP.

Preregistration is required. Enrollment is limited and will be accepted until the class is filled. IUP reserves the right to cancel any program due to insufficient enrollment at which time all payments would be refunded.

IUP Emergency Services Training

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