

PMI® LabDiet® Laboratory Animal Care Course
Registration Form



Student's Names: _____

Supervisor's Name: _____

Company or School: _____

Number of English Courses: _____

Number of Spanish Courses: _____

Total number of Courses: _____ at \$50.00 each

UPS Shipping Address (no P.O. Boxes please)

Name: _____

Company or School: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Send check or money order (do not send cash) in the amount of \$50.00 per enrollment made payable to PMI® LabDiet®, along with this application form to:

Laboratory Animal Care Course
PMI® LabDiet®
Attn: Tricia A. Lutman
PO Box 19798
St. Louis, MO 63144

Any Questions? Call (636) 742-6295

SORRY NO C.O.D.S OR PURCHASE ORDERS ACCEPTED