



REGISTRATION FORM (Ask about training at your facility) DRUG & ALCOHOL TEST TRAINING COURSES

**Fax to 775-871-8538. Class Schedule on APS Website.
More Class dates can be added based on demand.**

NAME _____ TITLE _____ DATE DESIRED _____

2nd NAME _____ TITLE _____ DATE DESIRED _____

3rd NAME _____ TITLE _____ DATE DESIRED _____

COMPANY _____

PHONE _____ FAX _____

EMAIL _____ (Required)

Course Registration Fees: (Most include pre-class Web Course, Cont Ed Hours, and Certificate.)

BAT* Refresher**	\$340 _____	2 nd Person \$330 _____	3 rd or More \$320 _____	(Web + Hands-On)
BAT* New	\$440 _____	2 nd Person \$420 _____	3 rd or More \$400 _____	(Web + Hands-On)
BAT* Instructor**	\$895 _____	2 nd Person \$875 _____	3 rd or More \$855 _____	(Web + Hands-On)
*(BATs & STTs List Make/Model Device _____) ** Pre-Requisite Verifiable BAT Certificate				
Collector, Urine	\$285 _____	2 nd Person \$275 _____	3 rd or More \$265 _____	(Web + Hands-On)
Collector w/Instructor	\$475 _____	2 nd Person \$450 _____	3 rd or More \$425 _____	(Web + Hands-On)
Collector, Alt Techs	\$225 _____	2 nd Person \$215 _____	3 rd or More \$205 _____	(Web + Hands-On)
DER Training	\$350 _____	2 nd Person \$325 _____	3 rd or More \$300 _____	(Webinar/VideoCam)
STT* New/Refr**	\$285 _____	2 nd Person \$275 _____	3 rd or More \$265 _____	(Web + Hands-On)
STT Instructor	\$475 _____	2 nd Person \$450 _____	3 rd or More \$425 _____	(Web + Hands-On)
Supervisor S&S	\$100 _____	2 nd Person \$ 90 _____	3 rd or More \$ 80 _____	(Classroom)
Hand Hygiene	\$25 _____	2 nd Person \$ 25 _____	3 rd or More \$ 25 _____	(Webinar/Videocam)

Other Courses Please contact APS at 800-277-1997 for more information.

Total \$ _____

ADVANCE METHOD OF PAYMENT (All cancellations subject to a 25% service charge once reservations accepted.)

Charge to: MC _____ VISA _____ AMX _____ DISC _____ Check payable to Alpha Pro Solutions mailed _____ PO# _____

NAME ON CREDIT CARD _____ SIGNATURE _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ / _____

CREDIT CARD EMAIL: _____ PHONE: _____ FAX: _____

CREDIT CARD COMPANY _____

CREDIT CARD BILLING STREET _____

CREDIT CARD BILLING CITY _____ ST _____ ZIP _____

SHIP TO NAME _____ Email: _____ (Required)

SHIP TO COMPANY _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

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