

**Humane Shield® , Inc.**  
**P.O. Box 530646 • Miami Shores • FL 33153**  
**Phone: (305) 867-8922 Fax: (305) 675-2442**

## **Training Registration Form**

**NST ® 2 - Day Instructor Course: May 2 - 3, 2009**  
Days Inn Oceanside in the Hibiscus Room • 4299 Collins Avenue • Miami Beach • FL 33140

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

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

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

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

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_

**Fax:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Participant/s Name/s:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Agency:** \_\_\_\_\_

**P/O #** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Amt: \$** \_\_\_\_\_

**Payment should be made payable to: Humane Shield, Inc.**

I hereby represent that I am authorized to submit this Registration form on behalf of myself and/or my agency. By registering, my agency is obligating payment for the above-registered people. To receive a refund you must cancel 30 days before the scheduled training. If registered people are unable to attend due to sickness, weather or any other emergency or act of god a credit will be given for that person to attend another Realm of Inventions, Inc. Training Program.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name, Title**