2020 Bulli Ray Train-the-Trainer Registration & Agreement Form Bulli Ray Occupational Dog Bite Safety Training Certification FL December 8th - 10th

Company Name								
Address								
City	State Zip Code							
Work Phone	()	Cell Phone	()					
Email Address*		_						
* Please	check this box if you do not wi	ish to be added to	the Bulli I	Ray Newslett	ter.			
DATE	PARTICIPANT'S NAME			FEE		JOB TILE	TRAINING DATE	
			TOTAL					
Need information about TTT classes? Just call 352-671-7878 Monday-Friday, 8am-4 pm Payment – Check, Direct Deposit or Credit card Add Extra Fee of \$75.00 to process credit card payments for each registration attendee. Please charge to my credit card: Billing Zip Code: Make check payable and mail to: Bulli Ray Enterprises P.O. Box 167 Lowell, FL 32663								
VISA				Exp	Exp. Date			
MasterCary				Exp	Exp. Date		CVV#	
Signature Required)				Dat				
• < 2-Yea	Time Tuition: \$2895.00 – ar Re-certification Tuition	: \$2595.00	, ,·	,	1.4		1 DDE T 4 1	
Refreshn** I have die	es will receive hands-on expenents, lunch will be served detary restrictions: If check 1 2020 – Maxim attendees	aily. ted, please contac			-	J		
Refunds, less a \$100 be issued and may be	llation/Substitution Police processing fee, will be issued if case used toward a future conference of penalty up to five business days in	ancellation is received or another training p	orogram. Th					
certification exar	e day Train-the-Trainer we nination. Participants who pa Il be certified only as an inst	ass the certificat	ion exami	nation will	become	Certified Occup	pational Dog Bite Safety	
(Signature)			(Pr	(Print Name)				