

# OCTOBER STATE FIRE SCHOOL

## Easy Ways To Register:

**CALL** 419.372.8181 or 1.877.650.8165

**FAX** 419.372.8667

**MAIL** Bowling Green State University  
Continuing & Extended Education  
14 College Park  
Bowling Green, OH 43403-0200

**ONLINE** <http://fireschool.bgsu.edu/Registration/>



[www.fireschool.org](http://www.fireschool.org)

Please print. Photocopy this form for additional registrants.

**REGISTRANT**

First Name <small>(as desired on certificate)</small>		Middle Initial	Last Name	
Social Security No.*		Date of Birth <small>(MM/DD/YYYY)</small>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Business / Department			Certification Number	
Rank	Status <input type="checkbox"/> Volunteer <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Industrial			
Business / Department Address				
City		State		Zip
Business Telephone ( )		Ext.	Home Telephone ( )	
Fax ( )		E-mail Address**		
Home Address <small>(for confirmation letter)</small>				
City		State		Zip
Education <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> BGSU Alum				
Emergency Contact Person		Telephone ( )		
Shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large				

**\*\*All confirmations and course requirements will be sent via email.**

Select course(s).

Registration will not be processed without a second choice.

**COURSES**

Course(s) <small>(in order of preference)</small>	Course Fee	Total Due
CEUs Requested <input type="checkbox"/>	TOTAL DUE \$	

Payment or billing instructions must accompany registration form.

**PAYMENT**

Method of Payment	
<input type="checkbox"/> Check Attached <small>(payable to Bowling Green State University)</small>	<input type="checkbox"/> Purchase Order No.
<input type="checkbox"/> Invoice My Organization— Attn:	
Credit Card No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name on Credit Card	Expiration Date
Cardholder Signature	

### CANCELLATION/REFUNDS:

If you cancel registration 30 days before the course date, a \$15 processing fee will be withheld from your refund. You will receive no refund if you cancel less than 30 days before the course date. Substitutions are encouraged and may be made without penalty.

\*To comply with the Hope Scholarship and Lifetime Learning Tax Credit legislation, BGSU now requires all credit and noncredit students to supply their social security number when registering.