Virginia Department of Labor and Industry

13 South Thirteenth Street, Richmond, Virginia 23219

CONSULTATION TRAINING

REGISTRATION FORM

PERSONAL INFORMATION			
First Name:	**Last Name:**	**Middle Initial:**	**Suffix:** (i.e.: Jr., Sr., II, III)
Work Title:			

COMPANY/ORGANIZATION INFORMATION				
Company/Organization Name:			**SIC**	**NAICS**
Co. Address 1: (Street Address)	**Co. Address 2:** (Bldg. No., Suite No.)	**City:**	**State:**	**Zip Code:**
Work Phone: ( )	**Extension:** (if any)	**Mobile Number:** ( )	**Fax Number:** ( )	
E-mail Address:			**Total # Employees:**	

CLASS IDENTIFICATION (see course listings on the web)

COURSE NUMBER	DESCRIPTION	LOCATION	DATE	*TIME

For special training needs, please contact Nick Hart at (804) 692-0096, consultationtraining@doli.virginia.gov.

Instructions:

1. Please complete registration legibly. *(We would like to ensure that your name is printed accurately on your certificate).*
2. Type in or write down the date and time of the courses you would like to attend.
3. Press the "Tab" key to go to the next field.
4. Save this form as "lastname_trainingregistration.doc" in your computer.
5. Send the completed form to: (Attention: Consultation Training)
   E-mail: consultationtraining@doli.virginia.gov or Fax: (804) 786-8418