



# Registration Form

You can save data typed into this form.  
E-mail to [support@hasc.com](mailto:support@hasc.com)  
or fax to 281-476-9936.

For a complete list of HASC courses and descriptions, please visit our website [www.hasc.com](http://www.hasc.com)

**HASC Account Number:** \_\_\_\_\_ **HASC Location:** Center Street, Headquarters NASA - Annex

## PAYMENT

Non-Members must pay before services are rendered. Members will be billed unless one of the following is selected:

Employee to pay at Check-In      Company Credit Card on file with last 4 digits: \_\_\_\_\_

Job/P.O. Number: \_\_\_\_\_

Contractor Co.: \_\_\_\_\_

Contact person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To process FIT Test registrations, complete the attached Respiratory Program Information Form

**Training Date:**

*\*Use a separate form for each day of training*

TRAINEE			COURSE	
HASC ID NO./ SOCIAL SECURITY NO.	Last Name	First Name	Course Codes <i>*Separate them with a comma.</i>	Retest Authorization
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

By authorizing "Retest", you are allowing the trainee to retake the failed course and continue with the remaining scheduled courses.

Your signature authorizes training and, in the case of HASC members, billing for the courses requested above.

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

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

For Office Use Only		
Data entry:	Receipt Number:	Paid out by: