



SAFETY COURSE REGISTRATION FORM

Company: _____ Contact: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEASE ENROLL THE FOLLOWING EMPLOYEES:

Name	Class	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Please complete and return form with check by mail to:

The Construction Exchange of Buffalo & WNY
2660 William St.
Cheektowaga, NY 14227

Paying by credit card? Email form to cbuske@conexbuff.com and Cyndie will contact you for payment information. **All registrations must be accompanied with payment.**

Visit <https://conexbuff.com/safety/> for course schedule and prices or call 716.874.3435 and speak with Cyndie with any questions.

Courses may be rescheduled or cancelled if minimum registration requirements are not met. No shows and cancellations will be charged full price unless five business days advance notice is received.