



Petroleum Technical Services, LLC

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Technical Training Registration Form

A, B, C Training Class

The following page contains a form that must be filled out by all students registering for classes.

PLEASE PRINT ALL INFORMATION

COMPANY INFORMATION

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number (Important): _____ Fax Number: _____
Contact Name: _____ Email Address: _____

STUDENT INFORMATION: (Please provide student's office address if different from above)

Student Name: _____
Student's Office Address: _____
City: _____ State: _____ Zip Code: _____
Student Email Address: _____
Course Desired Course Title: _____
First Choice Date: _____
Alternate Choice Date: _____