



Please complete the registration form with all the required information as outlined below.



SAFETY: Registration Form

Date of Class & Type of Training:

Type of Class (check one): [] Operator Training [] 3-Year Refresher [] "Train the Trainer"
Type of Equipment (check one): [] Forklifts [] Aerial Work Platforms [] RTFL: Telehandlers

Date of Class: _____ Qty _____ x \$ _____ = \$ _____

Names of attendees:

Three horizontal lines for entering names of attendees.

Company Information:

Supervisor/Manager _____ Title _____

Company: _____

Address: _____ PO Box _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Payment Options:

- [] Credit Card Payment (circle one) Visa MasterCard AmEx
[] Check enclosed in the amount of \$ _____ payable to National Lift Truck, Inc.
[] Please bill me (subject to established credit and corporate open account)
[] Our Purchase Order No. _____ is enclosed

Three ways to register for safety training:



Complete this registration form and fax it to us at 630-993-4995.



Mail your completed registration form to National Lift Truck, Training Division, 3333 Mount Prospect Rd, Franklin Park, IL 60131



E-mail your information to: haroldd@nlt.com

If you have any questions or need assistance, call National Lift Truck's Training Division at 630-993-4877

Corporate Headquarters: 3333 Mt Prospect Rd • Franklin Park IL 60131 • Phone: 630-782-1000 • Fax: 630-782-1014
National Lift Truck South: 921 West 171st Street • East Hazel Crest IL 60429 • Phone: 708-782-1000 • Fax: 708-249-2905

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