

# Training Registration Form

**Louisiana** 

MAIL: **Louisiana Cat Training**  
Louisiana Cat  
6111 Port Road  
New Iberia, LA 70560

PHONE: 337-374-1901 ext 157  
E-MAIL: [Training@LouisianaCat.com](mailto:Training@LouisianaCat.com)  
CONTACT: Camille Nereaux

DATE: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
COMPANY BILLING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
COMPANY PHONE: \_\_\_\_\_

## PAYMENT INFORMATION

### CREDIT CARD

CARD #: \_\_\_\_\_  
3-DIGIT SECURITY #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_  
CARD TYPE: \_\_\_\_\_

### PURCHASE ORDER

PURCHASE ORDER #: \_\_\_\_\_  
ACCOUNT NAME: \_\_\_\_\_  
Special Billing  
Instructions : ie- \_\_\_\_\_  
location, rig, vessel, \_\_\_\_\_  
division \_\_\_\_\_

**Credit Card payments will be processed on the first day of the class, a copy of the receipt and invoice will be emailed to the address specified below. If declined student will not be able to remain in class. Please note if using Purchase Order you must have an existing Louisiana Cat account with no outstanding payments to Training Department.**

REMIT TO : \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

## COURSE INFORMATION

COURSE CODE: \_\_\_\_\_ COURSE DATE: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
COURSE TITLE: \_\_\_\_\_ COST \$ \_\_\_\_\_

## PARTICIPANT AND MANAGER INFORMATION

**\* Participant Name - Please document the name as you would like it to appear on the certificate.**

PARTICIPANT:		MANAGER or TRAINING COORDINATOR APPROVAL Required:	
FIRST NAME: _____	_____	NAME: _____	_____
MIDDLE INITIAL: _____	_____	E-MAIL: _____	_____
LAST NAME: _____	_____	PHONE: _____	_____
E-MAIL: _____	_____		_____