



## Course Registration and Badge Information Form

Complete information below. Please note that the name and title provided in this form will be printed on participant's badge and certificate. Forms should be faxed to 866-470-5744 or sent via email to [assistant@dodcontractortraining.com](mailto:assistant@dodcontractortraining.com)

**Course:** Military Packaging Training

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

### Company Info

Organization: \_\_\_\_\_

Cage Code: \_\_\_\_\_ Website: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Fee: \$2,950 per person**

## Participants Information

**Total Participants:** \_\_\_\_\_

### Participants Info

First and Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Participants Info

First and Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Participants Info

First and Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**3026 SW 42nd St. Fort Lauderdale, FL 33312**

**Tel: 954.920.9293**

**Fax: 866.470.5744**

**Email: [assistant@os2corp.com](mailto:assistant@os2corp.com)**



## Payment Form

Please complete information below. Forms should be faxed to 866-470-5744 or sent via email to [assistant@dodcontractortraining.com](mailto:assistant@dodcontractortraining.com)

**Course:** Military Packaging Training

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

**Place:** \_\_\_\_\_

### Payment Type

Payment can be made by ACH, check or credit card. Check payment selection below:

By ACH: Email [assistant@dodcontractortraining.com](mailto:assistant@dodcontractortraining.com) for payment instructions and forms.

By Check: Remit to OS2 CORP · 3026 SW 42nd St. Bay 2 Fort Lauderdale, FL 33312

By Credit Card: complete card information section below.

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Os2 Corp. to make a one-time debit to your credit card listed below.

I \_\_\_\_\_ authorize Os2 Corp to charge my credit card  
(CARD HOLDER / COMPANY NAME)

account indicated below for \_\_\_\_\_ in addition to a 3% CC processing fee on \_\_\_\_\_  
(AMOUNT) (DATE)

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Card Information

Card Type:  Visa  MasterCard

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize OS2 Corp to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above provided by DOD Contractor Training, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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Tel: **954.920.9293**

Fax: **866.470.5744**

Email: [assistant@os2corp.com](mailto:assistant@os2corp.com)