

# Field Sciences Institute

A Division of CERL, Inc.



2301 Yale Blvd SE, Suite D-2, Albuquerque, NM 87106  
Telephone (505) 764-9251 Fax (505) 764-0117  
www.cerl-fsi.com e-mail fsi@cerl-fsi.com

To enroll in FSI courses, call (505) 764-9251 or complete and send this enrollment form to the Field Sciences Institute. Please confirm the content of the course for which you are enrolling. The *FSI Course Catalog* may be consulted for a brief description of each course offered. If you are unsure of the course which will best meet your needs, please contact FSI. Telephone registrations must be followed by completion of the enrollment form, with signatures, and be dated at least three days prior to the opening session of a course.

FSI is conveniently located less than one-half mile from the Albuquerque International Airport or a short distance from I-25. Lodging and restaurants are nearby, and several facilities have discounted rates for FSI students. Let us know if you will need lodging and we will provide a list of nearby facilities.

## ENROLLMENT AGREEMENT

Unless otherwise noted, all classes begin at 8:00 a.m. and conclude at 5:00 p.m., with a one-hour lunch break (on your own). Course fees include course materials, exams and applicable taxes. Meals and lodging are not included.

Please type or clearly print the information requested. All information provided is considered confidential and will not be released to third parties.

This \_\_\_ confirms prior telephone registration. This is a \_\_\_ new registration.

Course Title \_\_\_\_\_

Course Date(s) \_\_\_\_\_ Course Fee \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security # \* \_\_\_\_\_

Student Address \_\_\_\_\_  
Street or P.O. City State Zip Code (Area Code) Telephone Number

Student e-mail Address \_\_\_\_\_

Employer Name \_\_\_\_\_  
(Area Code) Telephone Number

Employer Mailing Address \_\_\_\_\_  
Street or P.O. (Please include Division and/or Mail Stop if appropriate.)

City State Zip Code (Area Code) FAX Number

Payment Method: Cash \_\_\_ Check, # \_\_\_\_\_ Discover / Master Card / Visa \_\_\_ Purchase Order, # \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street or P.O. (Please include Division and/or Mail Stop if appropriate.) (Area Code) Telephone Number

City State Zip Code (Area Code) FAX Number

I have been provided with the Payment and Refund Policy statement of the Field Sciences Institute.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student or Employer's Representative

The named student has been enrolled for (course) \_\_\_\_\_ (dates) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Field Sciences Institute Representative

\* You are not required to supply your Social Security Number; it is requested to ensure non-duplication of records and enable transcript production. Please provide at least the last 4 digits.

*Thank you for selecting the Field Sciences Institute to meet your training needs!*