



COLORADO MOUNTAIN COLLEGE

ENERGY TRAINING PROGRAM

NEW CLIENT COMPANY REGISTRATION & INFORMATION FORM

**PLEASE COMPLETE THIS FORM AND FAX BACK TO: (970) 625-6954**

**\*\*Company name:** \_\_\_\_\_

**Main address:** \_\_\_\_\_

\_\_\_\_\_

**\*\*Billing address:** \_\_\_\_\_

\_\_\_\_\_

**\*\*Contact name for billing information:** \_\_\_\_\_

**Phone Numbers: \*\*Office contact #** \_\_\_\_\_

**Cell phone #** \_\_\_\_\_ **800#** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Website Address** \_\_\_\_\_

**Brief description of the type of work done by company: (type of product or services offered)**

\_\_\_\_\_

**Organization Type:** \_\_\_\_\_ **\*\*Federal Tax ID# or Social Security #** \_\_\_\_\_

**Corporation** \_\_\_\_\_ **State of Incorporation:** \_\_\_\_\_

**Individual (sole proprietorship)** \_\_\_\_\_ **# Years in business** \_\_\_\_\_

**Joint Venture** \_\_\_\_\_ **Name/Titles of Corporate Officers or Owners:**

**Non-profit** \_\_\_\_\_

**L.L.C.** \_\_\_\_\_

**Partnership** \_\_\_\_\_

**\*\*Required fields**

I certify that the information as listed above is correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Colorado Mountain College  
Oil & Gas Industry Training  
Class Registration**

**Class Title:** \_\_\_\_\_  
**Class Date(s):** \_\_\_\_\_  
**Class Location:** \_\_\_\_\_

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**Company Name:** \_\_\_\_\_  
**Location Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Name:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Ext. #:** \_\_\_\_\_  
**Fax #:** \_\_\_\_\_  
**Billing Contact Name:** \_\_\_\_\_

**Vendor Form:** \_\_\_\_\_ **Sent** \_\_\_\_\_ **For CMC Use ONLY**  
\_\_\_\_\_ **Received** \_\_\_\_\_

**PLEASE PRINT CLEARLY - STUDENT INFORMATION**

**Names of Students to Attend:**

- |          |           |
|----------|-----------|
| 1. _____ | 10. _____ |
| 2. _____ | 11. _____ |
| 3. _____ | 12. _____ |
| 4. _____ | 13. _____ |
| 5. _____ | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |

**FEES FOR CLASSES MUST BE PAID AT TIME OF REGISTRATION BY VISA OR MASTERCARD AND ARE NOT REFUNDABLE**

**Credit Card #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Code:** \_\_\_\_\_ **Name on Card:** \_\_\_\_\_  
**SORRY WE DO NOT ACCEPT AMERICAN EXPRESS OR DISCOVER CARD**

**TO REGISTER: FAX THIS FORM TO COLORADO MOUNTAIN COLLEGE (970) 625-6954  
ATTN: ENERGY INDUSTRY TRAINING OR EMAIL [kcoquoz@coloradomtn.edu](mailto:kcoquoz@coloradomtn.edu) or [rhanev@coloradomtn.edu](mailto:rhanev@coloradomtn.edu)  
FOR ADDITIONAL INFORMATION, CONTACT ROBIN HANEY (970) 625-6950  
or KRISTLYNN COQUOZ (970) 625-6951**