

Council for Accreditation in Occupational Hearing Conservation
(CAOHC) Course Hosted by **PC Occupational Solutions**

Course Registration Form 2024

Course Fee: **\$ 705.00*** for Full Course **\$ 505.00*** for Re-Certification

I will attend: (choose one)

- | | | | |
|--------------------------|----------------|------------------|-------------------------|
| <input type="checkbox"/> | Cincinnati, OH | Full Course | 02/28/2024 - 03/01/2024 |
| <input type="checkbox"/> | Cincinnati, OH | Re-Certification | 02/29/2024 |
| <input type="checkbox"/> | Louisville, KY | Full Course | 05/22/2024 - 05/24/2024 |
| <input type="checkbox"/> | Louisville, KY | Re-Certification | 05/23/2024 |
| <input type="checkbox"/> | Cincinnati, OH | Full Course | 07/24/2024 - 07/26/2024 |
| <input type="checkbox"/> | Cincinnati, OH | Re-Certification | 07/25/2024 |
| <input type="checkbox"/> | Evansville, IN | Full Course | 09/18/2024 - 09/20/2024 |
| <input type="checkbox"/> | Evansville, IN | Re-Certification | 09//19/2024 |
| <input type="checkbox"/> | Cincinnati, OH | Full Course | 11/13/2024 – 11/15/2024 |
| <input type="checkbox"/> | Cincinnati, OH | Re-Certification | 11/14/2024 |

Current CAOHC Number: _____ Date of Last Certification: _____

Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email Address: _____

* Please provide an email address that can be accessed remotely while at the course this will be where you receive a link to access the exam on exam day* You will also receive emails at this address prior to the course start date.

Payment Method: Check # _____ Credit Card

Credit Card Number: _____

Exp Date: _____ Verification Code: _____

Name on Card: _____

Billing Street Address with Zip Code associated with Card (if different from above): _____

Upon receipt of your registration form, a confirmation letter with directions to the course along with overnight accommodations will be sent via email.

Payment Terms: Payment in full is due upon registration unless special arrangements are made with PC Occupational Solutions.

*Course fee includes CAOHC certification fee and all course materials. Lunch and Beverages will be provided on each day with the exception of no lunch on Day 3 as the course is finished by 12:00PM.

Course times are 8:00 AM – 5:00 PM Day 1 and Day 2, and 8:00 AM – 12:00 PM on Day 3. Sign-in begins at 7:30 AM.

Please fax your registration form with your credit card information to 513-826-9325 or email it to the address below. You may also mail it along with payment to:

PC Occupational Solutions

10013 Zig Zag Road

Cincinnati, OH 45242

Contact Julie Kirwen at 513-205-3260 or julie@pcoccsol.com with any questions.

Cancellation / Attendance Policy: PC Occupational Solutions reserves the right to cancel if registrations do not meet expectations. If a course is cancelled all registration fees will be refunded. Registrants may cancel up to ten (10) working days prior to the course start date for a full refund less a \$ 50.00 cancellation fee. There are no refunds for failure to appear at a course. If you need to transfer your registration to another person or to a different course just let us know and we will work with you as needed.

