

**ISO14001:2004 EMS Management Overview Course  
2006 Schedule  
FAXBACK COURSE ENROLLMENT FORM**

CITY	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Anaheim	Feb 22		Jul 26	Nov 8
Baltimore		May 24		Nov 14
Birmingham	Feb 22		Jul 26	Nov 8
Buffalo	Feb 8			Nov 29
Charlotte		Apr 5		Oct 18, Dec 5
Chicago	Mar 21		Jul 19	
Cincinnati		May 10		Oct 10
Cleveland	Mar 21		Aug 23	Dec 5
Columbus	Feb 14		Sep 20	
Dallas		Jun 14		Dec 5
Detroit	Jan 31	Jun 27		Nov 29
Fort Wayne	Feb 8		Sep 13	
Grand Rapids		Apr 5		Oct 24
Houston	Feb 22			Oct 4
Indianapolis		Apr 19	Aug 23	Nov 14
Minneapolis	Mar 28		Sep 28	
Nashville	Mar 28			
Orlando	Feb 14			Oct 18
Philadelphia		Apr 19		Oct 10
Rochester		Jun 27		
San Diego	Mar 15			Oct 18
San Jose		May 24	Sep 20	

**Policy for Cancellation:**

Should SSI cancel a course, enrolled students will be provided with at least two weeks advance notice. You may elect a refund or to reschedule to another session of equal value. Student cancellations: With 30+ days advance notice there is no penalty. With 15-29 days advance notice, student substitutions allowed or you may cancel or reschedule with a 50% penalty. With 1-14 days notice, substitutions only allowed. No refunds issued. Absentee students are not eligible for refunds or substitutions. Our schedule is subject to change without notice.

**Ready To Enroll?** Complete the information below and fax to SSI at 888-677-2881, or call the Sierra Services Training Department at 773-866-0493, or e-mail to [training@sierraservices.net](mailto:training@sierraservices.net)

**Course Date & City** \_\_\_\_\_

**Your Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City,ST,Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

**Select Your Price:**

- \$195 per student with 90 day prepay
- \$295 per student with 60 day prepay
- \$395 per student with 30 day prepay
- \$495 per student prepaid

**Payment Method** (circle one)

Check    Visa    MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Or you can Mail check payments to:**

Sierra Services, Inc., 214 Vincent Place, Elgin, IL, 60123.

We will send a confirmation notice along with course location information after receipt of payment.

Email: [training@sierraservices.net](mailto:training@sierraservices.net)