



Integrated House Wrights, LLC T: 508.291.1061 ext: 100
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Training Registration Form

Print Clearly – If we are unable to read your handwriting it may delay your certificate

Name: _____ **Date of Birth:** _____

Social Security Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

email: _____

Company Name: _____

Work Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Work Phone: _____ **Work Fax:** _____

Work email: _____

Name of Course:

\$165.00/pp _____ **MASS-RRP (Lead Safe Renovator Construction Supervisor)**

\$115.00/pp _____ **Moderate Risk 4-Hour Add-on**

Date of Course: _____

Day: _____ **Evening:** _____

Fax or Call to Confirm your Space

A Massachusetts RRP Certified Training Provider Pursuant to 454 CMR 22.00