



STUDENT REGISTRATION

HI-REL LABORATORIES, INC.
6116 N. FREYA
SPOKANE, WA 99217
PHONE: 509-325-5800

Please submit completed registration to kacie.stuart@hrlabs.com

PRE-CAP VISUAL INSPECTION

DATES ATTENDING: _____

STUDENT NAME: _____

PHONE & E-MAIL: _____

COMPANY & ADDRESS: _____

METHOD OF PAYMENT: CREDIT CARD ACH (PO REQUIRED) CHECK (PO REQUIRED)
(CHECK ONE)

NAME ON THE CARD: _____

CARD BILL-TO ADDRESS: _____

***PLEASE CALL TO PROVIDE CREDIT CARD NUMBER**