

# Safe Transportation Training Specialists, LLC

## *“Workshop Registration”*

*Sponsored by the*

*Indiana Alliance of Hazardous Materials Responders*

*&*

*Indiana Propane Gas Association*

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Student Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dept. / Org.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ (Print clearly please)

Event: Compressed Gases & Transportation Emergencies Workshop

Event Date:

Location:

Fax this registration to: (317) 819-0169