



LSU Carrol L. Herring Fire & Emergency Training Institute COURSE REGISTRATION FORM

(Revised August 10, 2015)

Please complete one form for each student for each class and forward it, along with a check, money order, credit/debit card contact information, or purchase order (hard copy) with a valid billing address to FETI.

Individuals will be notified via e-mail upon review of their application.

Charges are non-refundable unless cancellation is confirmed in writing at least **two weeks** prior to the starting date of the class. **Individuals not sponsored by a fire department must pay all charges in advance.** Charges are refundable in full if FETI cancels the class.

Course Title _____

Date Offered _____

Name First Middle Last

Fire Department/Agency (Leave blank if not applicable) Chief/Training Officer

Fire Department/Agency Mailing Address or Home Address

City State Zip

Telephone (w) (H) (Fax)

Student E-Mail Address _____

Chief/Training Officer E-Mail Address _____

METHOD OF PAYMENT

Check/Money Order (Payable to LSU)

Incumbent Worker Training Program Grant

Billing Auth./PO# _____

* If paying by PO, a physical copy of the PO must be sent in with the registration form.

Requesting Disability Info Yes No

* Email must be provided above

Credit/Debit Card

Veterans Affairs Student Yes No

* VA Students must submit transcripts of all prior training and/or education received.

* For security purposes, we will contact you via phone to obtain card information. Please provide the following contact information:

Contact Name: _____

Contact Phone Number: _____

Please return form to:
Fire and Emergency Training Institute
6868 Nicholson Dr
Baton Rouge, LA 70820
Telephone: 225-334-6300, 800-256-3473
FAX: 225-334-6341
EMAIL: cmelancon@lsu.edu