



KENT COUNTY HEALTH DEPARTMENT

Environmental Health Division

Adam London, RS, MPA
Administrative Health Officer

Bloodborne Pathogen Class REGISTRATION APPLICATION

Single Registration = \$30 Group Registration = \$30 per person

Name: _____
Affiliated Shop: _____
Email Address: _____
Phone Number: _____
Course Date: _____

Names of attendees (If Group Registration):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

***Fee must be paid, and application must be submitted prior to the date of the course. If unable to attend course, applicant must provide at minimum 72-hour notice to transfer fee to another course. Any time less than 72 hours, applicant will not be eligible for a transfer and fee will not be refunded. If you do need to cancel, please contact our office at 616-260-9267.**

Payment Information:

If paying by credit card (Visa, MasterCard, or Discover), complete this form and email to kcehmail@kentcountymi.gov. You may then call our office at 616-632-6900 to make payment.

Payment and form may also be mailed to:

Kent County Health Department
Environmental Health
700 Fuller Avenue N. E.
Grand Rapids, MI 49503-1918

For Office Use Only:

Date Paid: _____ Amount Paid: _____ Receipt No: _____ Clerk Initials: _____