

USPS[®] Seminar Registration Form

Seminar Title: _____ **Date:** _____

PLEASE PRINT

Last Name First Name (include middle initial)

Street Address

City State Zip Code

() _____

Area Code Telephone Number E-Mail

Member Certificate# _____ or, last 4 digits of your social security # _____

Date of Birth: _____

mm dd yyyy

(The above information is required for credit towards certification, please be sure it is accurate)

MALE FEMALE

BOAT TYPE: None Outboard Inboard/Outboard Inboard Sail PWC Paddle

BOAT LENGTH: Under 16' 16-25' 26-39' 40-54' 55' And Over

DO YOU TRAILER YOUR BOAT? Yes No YEARS BOATING _____

HOW DID YOU LEARN ABOUT THIS SEMINAR?

Magazine Shopper Newspaper TV Radio Poster/Flyer Other

Name or Description of source: _____

Check this box, if you do not want your information shared with our boating partners.

Squadron Instructions: this information must be submitted electronically to headquarters.
Retain a copy in your records for 6 years.