

USPS™ Seminar Registration Form

Seminar Title: _____ Date: _____

PLEASE PRINT

Last Name First Name (include middle initial)

Street Address

City State Zip Code
()

Telephone Number E-Mail Address

Sex ___ (M/F) Birth Dt: ___/___/___ (mm/dd/yyyy) USPS University or Member # _____

(The above information is required for USPS seminar credit. Please be sure it is accurate)

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?

Newspaper/Magazine TV Radio Internet Booth at Show/Mall Word of Mouth

USPS Poster/Literature Other- Description: _____

Check this box, if you do not want to receive information from our boating partners.

Squadron Instructions: this information must be submitted to headquarters electronically via the Seminar Course Workbook or BCA.

Retain a copy in your records for 6 years.

ED-46SEM (Nov 2010)

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