

Bicycle and Pedestrian Safety Education Registration Form

Training Cost: \$15 per person (includes lunch)

(register online and view training agenda at www.LMB.org/BikePedEd)



Select Training Location:

- St. Clair County – June 25
- Kentwood – June 28
- Wayne State University – July 19

Title: _____ Full Name: _____

Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ MCOLES #: _____

Sessions you plan to attend: AM Only (classroom) PM Only (bicycle rodeo) Both

Total Due: \$ _____

Payment Method:

- Credit Card:** Please register online at www.LMB.org/BikePedEd.
- Check:** Make check payable to LMB. Check # _____ is enclosed.
- Purchase Order enclosed** addressed to LMB, 410 S Cedar St, Suite A, Lansing, MI 48912.

Invoice department: Contact Name: _____

Department: _____

Address: _____

City/State/Zip: _____

If invoicing, signature of authorized person:

Mail to:

**League of Michigan Bicyclists
410 S Cedar St, Suite A
Lansing, MI 48912**