

INDUSTRIAL SAFETY TRAINING COUNCIL AFTER-HOURS REQUEST AND AUTHORIZATION

ISTC shall provide the following classes at the request of:

Company Name:			
Client I.D.:			
Address:			
Phone:	Email:		
After-Hours Conta	ct Name:		
After-Hours Conta	ct Phone Number:		
Classes Needed:			
ISTC Location:	3166 Decker Dr., Baytown, TX 77520		3749 Hwy 69 North, Beaumont, TX 77705
Date of Class:		Time: _	
Number of trainee	s:	PO#:_	
	equests are charged a four hour ban npany will be billed in one hour inc		
The after-hours b	oase fee referenced does <u>not</u> inclu	de the	cost per class.
	l after-hour requests occurring during a honal time is required, the company will be	-	closure will be charged a four hour base fee n one hour increments at \$160 per hour.
Scheduling Support \$125.00.	Fee – If you require scheduling support,	you wil	l be charged an additional flat rate of
	e to provide the cancellation notice withi		8 hours prior to the start time listed on the me frame will result in the company being
applicable), and sche	•	-	he after-hours base fee, supplementary costs (if any fails to adhere to the cancellation policy, I
Approved:			(Company Representative)

Please email completed form to AfterHoursRequest@istc.net.

For ISTC use only				
IT Departme	ent Notified	Facilities Manager Notified		
ISTC Approva	al	Classes Opened		
Cost Breakdown:				
After-hours Base Fee				
Additional Hours Fee				
Scheduling Support Fee				
Session Total*				