

Traffic Injury Prevention Society, Inc. NFP  
Traffic Safety Program  
Registration form  
E-mail [help@traffictips.org](mailto:help@traffictips.org)

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Apt: \_\_\_\_\_

State IL Zip: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Ticketing County: \_\_\_\_\_

Ticketing Number \_\_\_\_\_ Date Ticket Issued \_\_\_\_\_ Case Number : \_\_\_\_\_

Is your license currently suspended by the Secretary of State?  Yes  No

**\*\*\*A valid email address and a computer with internet access are necessary to participate in the online course\*\*\***

**Payment Is Due at the Time Of Registration**  
**The Number of Seats are Limited**

Payment type:  Cash  Debit/Credit Card  Money Order  
Card Type:  Visa  MasterCard  Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

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***I would like to reserve a seat in the following Traffic Safety Course. I understand that my registration fee is non-refundable. Classes are subject to change due to class size.***

Class Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Please charge \$35.00 from account above to Traffic Injury Prevention Society, Inc.**

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**REGISTRATION IS COMPLETE UPON SATISFACTORY PAYMENT OF ALL NON-REFUNDABLE CLASS FEES.**

Please contact us at (618) 530-5299 with any questions.

EMAIL: [help@traffictips.org](mailto:help@traffictips.org)

Mail to: Traffic Injury Prevention Society  
617 West Main Suite B  
Collinsville, IL 62234