



REGISTRATION FORM

COURSE LOCATION: SPRINGFIELD, MA

COURSE DATES: MAY 21-23, 2019

COURSE TIMES: 0800-1600

COURSE FEE: \$295.00

AGENCY NAME: _____

INDIVIDUAL RESPONSIBLE FOR REGISTRATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____ FAX: _____

ATTENDEES NAME: _____

ATTENDEES NAME: _____

ATTENDEES NAME: _____

ATTENDEES NAME: _____

ATTENDEES NAME: _____

METHOD OF PAYMENT: INVOICE _____ PAY AT SEMINAR _____ CREDIT CARD _____

CREDIT CARD: NUMBER _____

CREDIT CARD EXPIRATION DATE _____

CREDIT CARD THREE DIGIT CODE _____

AN ADDITIONAL 5 % FEE IS ADDED TO CREDIT CARD PAYMENTS FOR MERCHANT FEES

FAX REGISTRATION TO 1-866-529-6152 OR EMAIL ATTACHMENT TO INSIDETHETAPE@COX.NET

ALL PAYMENT INFORMATION IS SECURED

REFUNDS ARE NOT ISSUED ONCE PAYMENT IS MADE BUT CREDITS ARE ISSUED FOR ANY FUTURE TRAINING COURSES, SO THE TRAINING FUNDS ARE NOT WASTED. AGENCY NO SHOWS AND CANCELLATIONS WITHIN 5 BUSINESS DAYS PRIOR TO THE SCHEDULED CLASS DATE ARE STILL RESPONSIBLE FOR TUITION PAYMENT WHICH CAN BE APPLIED TO FUTURE COURSES. PAYMENT SHOULD BE RECEIVED NO LATER THAN THE START OF TRAINING.