



REGISTRATION FORM

COURSE LOCATION: WEST COVINA, CA

COURSE DATES: JANUARY 3-5, 2017

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____ PURCHASE ORDER____

CREDIT CARD: NUMBER _____

CREDIT CARD EXPIRATION DATE _____

CREDIT CARD THREE DIGIT CODE _____

A 3.5 % FEE IS ADDED TO CREDIT CARD PAYMENTS

FAX REGISTRATION TO 1-866-529-6152 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 TO SCHEDULED CLASS DATE ARE STILL RESPONSIBLE FOR PAYMENT WHICH CAN BE APPLIED TO FUTURE COURSES. PAYMENTS NOT RECEIVED WITHIN 30 BUSINESS DAYS AFTER THE LAST TRAINING DAY WILL BE ASSESSED A \$50.00 LATE FEE.