



Course Registration Form

Course Information:

Course Title: _____ Course Dates: _____

Course Location: _____

Participant Information:

Name: _____

Mailing Address: _____

Work Tel: _____ Cell Tel: _____

Email: _____

License #: _____ Type of License: _____ Issuing State: _____

Payment Information:

COURSE FEE: \$ _____ Coupon / Promotional Code: _____

VISA MC AMEX DISCOVER LOC Check#: _____

Card#: _____

Exp.: _____ CCV: _____

Name on Card: _____

Billing Address: _____

How did you hear of this course? _____

Cancellation Policy Read (Check One): Yes No