

REGISTRATION FORM

Questions? Call us at (630) 554-3663
IDPH * CITY OF CHICAGO *



TO _____

DATE _____

CLASS DATE REQUESTED _____

NUMBER OF PARTICIPANTS _____

Address (include city, state and zip code): _____

Phone: _____ Fax: _____ Email _____

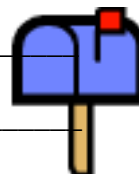
Contact Name/ Title _____ Phone _____

Student Name: _____

FAX CREDIT CARD PAYMENT TO (360) 554-3773 OR MAIL PAYMENT TO:

Student Name: _____

COMPANY NAME _____



Charge to:

American Express _____ Master Card _____ Visa _____ Discover _____

Card Number _____ Exp. Date _____ Sec Code _____

Card Holders Name _____

Mailing Address _____ City _____

State _____ Zip _____

Expiration Date _____ Telephone _____

Signature _____



PAYMENTS, CANCELLATIONS AND REFUNDS

Full payment is due day 1 of the seminar. Pre registered students are guaranteed seating. Cancellations can be made 7 days prior to class start for a full refund and/or rescheduling. Participants, who cancel after that date, receive a 50% refund or a rescheduling may be arranged. Two cancellations or no shows will forfeit original registration fee.

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SUITE B-384

OSWEGO, IL. 60543