

Register online @ www.encorp.net

COURSE REGISTRATION

COURSE NAME: _____ COURSE DATE(S) _____

STUDENT NAME: _____ COURSE FEES: \$ _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY PHONE: _____ EXT: _____ FAX: _____

ALTERNATE PH: _____

EMAIL ADDRESS: _____

REFERRED BY: _____

FAX this completed form to: (714) 523 – 9810. Checks payable to: **ENCORP**

Completed registration forms must be received in our office at least three (3) business days prior to the first day of class. You may bring payment the day of the course (cash or check). Please note that students will not be able to attend class, or receive a certificate, if payment has not been received (or unless other arrangements have been confirmed by our office).

If you are attending a Refresher Class, please remember to include a copy of your current certificate with your registration.

Visa
 Amex
 Master Card
 Discover

Card Number: _____

Exp Date: _____ Security code number on back of the card: _____

Name on Card: _____

Credit Card Billing Address: _____

Amount: _____ Signature: _____



A full refund will be issued when one of the following occurs:

1. If fewer than 3 students are registered 48 hours prior the class, the class is subject to cancellation.
2. A refund is requested one week prior to the first day of the course. Requests for refunds must be made in writing by mail or fax.

All Classes begin at 0830 unless otherwise specified. Thank you for being prompt.