



**Public Training Registration Form**

To register, please fill out this form and fax to (901) 758-4036

Or email to Stephanie at [smartin@hsuniversity.org](mailto:smartin@hsuniversity.org)

**Register Now! Seating is limited and classes fill up fast.**

**Agency Information:**

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Course Information:**

Course Name: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Course Location: \_\_\_\_\_

**Student Name and email address:**

Student 1) \_\_\_\_\_

Student 2) \_\_\_\_\_

Student 3) \_\_\_\_\_

Student 4) \_\_\_\_\_

Student 5) \_\_\_\_\_

Student 6) \_\_\_\_\_

**Cancellation Policy:** Cancellations are permitted 15 or more business days prior to the start of your scheduled training course minus a \$25 cancellation fee. Students who cancel their enrollment 14 or less business days prior to the start date will be charged 100% of the course fee.

**NOTE:** A written confirmation, such as a Request to Cancel form, must be retained as you may be required to provide hardcopy proof of your cancellation at a later date. Rescheduling is permitted without penalty 10 or more business days prior to the start of your scheduled training course. **Class Cancellations:** Classes are subject to cancellation or rescheduling. If you are registered in a course that is cancelled or rescheduled, you will be notified with an offer to reschedule into a future class or receive a refund. Attendees are advised not to purchase non-refundable or non-changeable airline tickets, as HSU will not be responsible for payment of airline rescheduling charges due to class cancellations.

**Fees:**

Course Cost: \_\_\_\_\_ x \_\_\_\_\_ (Number of Students)

**Discounts:** \_\_\_\_\_ x \_\_\_\_\_ (Number of Students)

*Please check the discount used:*

- ☐ Early Bird Discount (Deduct \$50) per person
- ☐ Take 3 Discount (Deduct \$25) per person
- ☐ Take 3 & EBD Discount (Deduct \$75) per person

**Total Fees:** \_\_\_\_\_

**Payment Options:** (*Payment is due prior to start date of class*)

\_\_\_\_\_ Enclosed is our check made payable to HS University.

**Check Number** \_\_\_\_\_ **Check Date:** \_\_\_\_\_

\_\_\_\_\_ Please bill to a Purchase Order Number.

**PO Number** \_\_\_\_\_ (*A copy of the purchase order must be attached*)

\_\_\_\_\_ Please bill our Agency (*Must have a PID number*) PID-Program Identification Number

**Agency PID#:** \_\_\_\_\_

PID numbers are issued by HSU for terms account only!

\_\_\_\_\_ Please charge my credit card: (*Please check the payment method*)

☐ MasterCard ☐ American Express ☐ Visa ☐ Discover

Signature: \_\_\_\_\_

Card

Number: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ \ \_\_\_\_\_

Security Code: \_\_\_\_\_ (*3 digit code on back of credit card*)

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