

CLASS REGISTRATION & PAYMENT FORM

CLASS NAME: _____

CLASS DATE: _____ CLASS COST: _____

COMPANY: _____ CONTACT NAME: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ EMAIL: _____

OF STUDENTS ATTENDING CLASS: _____

NAMES OF STUDENTS: _____

CARD NUMBER: _____

CREDIT CARD TYPE: _____ SEC# _____ EXP DATE _____

NAME ON CARD: _____ SIGNATURE: _____

*****\$100 NON-REFUNDABLE (unless cancelled by Allied) DEPOSIT PER PERSON IS REQUIRED TO HOLD A SEAT IN CLASS. REMAINING BALANCE WILL BE CHARGED TO THE CARD 2 WEEKS PRIOR TO CLASS. THERE ARE NO REFUNDS FOR CANCELLATIONS MADE AFTER THE 2 WEEK DEADLINE*****

***** IF A STUDENT IS TAKING THE TEST, THEY MUST BRING A SEPARATE CHECK/CREDIT CARD/CASH FOR \$65 PAYABLE TO CLEAN TRUST. TEST FEE IS NOT INCLUDED IN THE CLASS FEE COLLECTED BY ALLIED*****

***** COFFEE & DONUTS WILL BE SERVED IN THE AM & BEVERAGES & LUNCH IN THE AFTERNOON. PLEASE CALL (781-828-9018) OR EMAIL (JENCOLBY@ALLIEDSUPPLY.NET) JEN WITH ANY QUESTIONS*****

**PLEASE FAX THIS COMPLETED FORM BACK TO: 781-828-2640
OR EMAIL IT TO: JENCOLBY@ALLIEDSUPPLY.NET
OR MAIL IT TO: ALLIED EQUIPMENT & SUPPLY
PO BOX 513
CANTON, MA 02021**