

COURSE NAME

COURSE DATE COURSE FEE:

NAME:

Current DPH Card No. (for any Lead-Related Refresher Course).....

Company Name:Occupation:

Address:

Work No.: Mobile No:.....

Fax No. : Email :.....

PAYMENT Make Checks payable to: HEALTH SCIENCE ASSOCIATES
(Choose one) Charge to MASTER CARD or VISA CARD (complete the information below)

Card Number : _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Exp. Date:

PAYMENT INFORMATION:

* Pre-payment at least five business days prior to the scheduled class date will entitle you to a \$10.00 discount per student. Discounts are available for groups of five or more. Payment (credit card or check) is required before you are considered registered for the class.

REGISTRATION REQUIREMENTS:

Each student will be required to complete a registration form for the class. In addition, students will need to bring both a valid photo ID and any current cards issued to them by the state. All students ID's will be checked before the class begins.

CANCELLATION POLICY:

Health Science Associates reserves the right to cancel any class or seminar due to insufficient enrollment less than three students for initial classes). A full refund will be issued when a class is canceled by Health Science Associates.

- * If a student withdraws from a class more than five business days prior to the class and reschedules another class offered within a 6-month period, the full price will be applied toward the class.
- * If the student does not reschedule, there will be a refund issued, minus a \$50.00 processing fee.
- * If the student withdraws from a class two to five business days prior to the class a \$100.00 late withdrawal fee will be charged, even if the student reschedules for a class at a later date.

There will be no refund or credit for withdrawals less than two business days prior to the class, or for "no shows" the day of the class.

NOTES

FAX OR EMAIL FORM TO
714.220-2081
training@healthscience.com

SIGN UP NOW!