

Class Registration Form

To register for a class please complete the form below and mail it with your payment to **Discovery Training Services, P.O. Box 1967, Wallingford, CT 06492**. If you want us to invoice your organization, please send the registration via fax to **203-269-4736**.

Name (Please Print All Information) _____

Organization _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Email Address* _____

Class Title _____ Date _____

Class Title _____ Date _____

Payment enclosed.

Please bill my organization.

If we are invoicing your organization, please provide the following information:

Send Invoice to: _____

Address (if different than above): _____

Phone: _____

Payment: The cost of a half-day class is \$125 per person plus 6% CT state sales tax. Payment must be received one week prior to the class.

Cancellation Policy: Cancellations or rescheduling are allowed up to one week prior to the scheduled class with no penalty. Students who reschedule or cancel within one week will be charged a cancellation fee of 50% of the tuition. Students who fail to attend a class and do not cancel will be charged full tuition. Substitutes are allowed at any time. Discovery Training Services reserves the right to cancel a class at any time.

Please note: Filling out this form does not guarantee a place in class. Classes are filled on a first-come first-served basis. You will receive a confirmation letter or e-mail from Discovery Training Services.

How did you hear about us? Yellow Pages Internet Direct Mail Other

*Providing your e-mail address will allow us to confirm your registration and send you notices of future classes.