



*Providing  
Specialized Educational Classes*  
Expanding skills today to meet the  
challenges of tomorrow

## CLASS REGISTRATION

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 \_\_\_\_\_ FAX: \_\_\_\_\_  
 \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Course Title: \_\_\_\_\_ Date(s): \_\_\_\_\_

This is to confirm that we commit to send \_\_\_\_\_ (number) person(s) to this class at the cost of  
 \_\_\_\_\_  
 per person.  
 \$ \_\_\_\_\_

RISE member: Yes  No

The names of the person(s) we plan to send to this class are: *[Please print.]*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Method of Payment:**

- Signature below is authorization for ACT to bill your company for payment.  
 \_\_\_\_\_  
*or*  
 Check (payable to Advanced Concepts Training Corp. [ACT]). If this is a company check, please include  
 company Federal Employer Identification Number in case a refund is necessary. EIN: \_\_\_\_\_

**Refunds:** Participants may receive a refund or transfer to another class if they withdraw at least 14 work days before the class is scheduled to begin. **No refunds are provided after this time.** Another person can be substituted for a registered student. Requests for refunds or transfers must be made by letter sent to the address below. Refunds generally take three weeks to process.

**Cancellations:** Each course is offered on the condition of adequate enrollment. Advanced Concepts Training (ACT) reserves the right to cancel or discontinue any course because of low enrollment or for other reasons deemed sufficient by ACT. ACT will issue a refund if ACT cancels the class.

### FAX OR MAIL THIS FORM (with payment if appropriate)

**Mailing Address:**  
*Advanced Concepts Training Corp.*  
*1516 Willow Lawn Dr., Suite 101*  
*Richmond, VA 23230*  
**(FAX: 804-285-3722)**

**Billing Address (if different from above):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_