

## Your Company Information

Company Name: \_\_\_\_\_

NSC Member: No  Yes  Member ID: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

## Training Course Information

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

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

## Attendee Information

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

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

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

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

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

## Payment Options

Visa  Mastercard  American Express (Credit card transactions have an additional 3% processing fee)

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Send Invoice for Check Payment  P.O.# (if available) \_\_\_\_\_

## Enrollment & Cancellation Policy

Email completed form to [info@scnsc.org](mailto:info@scnsc.org), and a staff member will confirm your registration. Registration is not complete until payment is received. Date transfers may be requested at any time prior to the scheduled class. Cancellations must be requested at least one week in advance to receive a refund. For questions, please call us at (800) 733-6185.

## Staff Use Only

Staff Name: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

Copied Accounting: \_\_\_\_\_  Added to Database: \_\_\_\_\_  Payment Received: \_\_\_\_\_