



REGISTRATION INFORMATION

Personal Information

Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____

Cell Phone: () _____

E-mail Address: _____

Employer Information, for Employee Training

Company: _____

Work Location: _____

Department: _____

Title: _____

Supervisor: _____

Work Phone: () _____

Class Information:

1. Course Name: _____

Course Date: _____

2. Course Name: _____

Course Date: _____

3. Course Name: _____

Course Date: _____

How did you
hear about
ISProfessionals? _____

Please read and indicate that you agree to the following policies:

Cancellation/Refund Policy:

Registration requires a \$25 fee per one-day class, or a \$50 fee per two-day class, which is applied towards the cost of the class. Registration reserves a seat in specific class; a substitute can be sent if the student becomes unable to attend the class. Students may cancel their registration without penalty two or more business days prior to the start date of the class. Upon cancellation, students may apply the registration fee towards a new class or request a refund. If students cancel or reschedule less than two business days prior to the class, on the day of class, or do not attend the class, the registration fee is non-refundable and non-transferable to a new class date.

Audit Policy:

Students may retake a previously attended course for up to 60 days after the class for no charge on a standby basis in any regularly scheduled class. To qualify, the class audited must use the same courseware as the original class attended.

It will be the students' responsibility to do the following:

- Complete and submit applications for any third-party funding (e.g. Work Source, Career Bridge) they wish to use.
- Complete ISP course registration paperwork before class and ensure registration fees are paid.
- Engage in behavior that does not adversely affect safety, health, or the learning process of themselves or others.
- Attend all classes in which enrolled, arrive on time for class and plan to stay for the entire class.
- Give proper notice if unable to attend the class, as outlined in the cancellation policies section.

**I Agree to the
above policies:** _____

For Office Use Only:

Registration Date: _____

Invoice Number(s): _____

Payment Method: _____

PO, Check or
Approval #:: _____