

Course Registration

STUDENT INFORMATION:

Name: _____ Cell Number: _____

Email Address: _____

<u>Course Name(s)</u>	<u>Date(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE NOTE: Course registration begins at 7:45 am with class beginning promptly at 8 am. Course attendance is mandated by TDSHS and EPA. Late students may be required to re-schedule.

INVOICE/BILLING INFORMATION: Payment must be made by the first day of the course.

Responsible party for payment: Self Employer Other: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Payment Method: Cash Check AmEx Discover MasterCard Visa

Cancellation and Refunds: Payment is required on, or by, the first day of the course. If a student has a pre-paid and the course is cancelled, the payment may be applied to another course, or refunded in full. AEHS, Inc. reserves the right to cancel courses without prior notice. AEHS, Inc. will not be responsible for any losses incurred due to airline or hotel cancellations.

Returned Checks: Customers will be assessed a \$35.00 returned check fee.

Replacement Certificate: \$10.00 per original course certificate. Payment must be made before certificate is issued.

Consent: I understand that by providing my email address above, I am authorizing AEHS to send me training schedules and other related emails. I further agree that this consent has no expiration until otherwise notified by me and that I can opt-out at any time by contacting AEHS.

Signature: _____

Email: mkauffman@aehs-sa.com / Fax: (210) 656-8499 Attn: Mike Kauffman (No Cover Page Required)

For more information about our training programs, visit our website at
<http://www.aehs-sa.com/Training.htm>

Card # _____ Exp. _____ Code _____ Zip Code _____
(For email/fax pre-pay only)