

REGISTRATION FORM

(Please Print Clearly)

TWO WAYS TO REGISTER:

MAIL FORM TO: APC
1804 N. Naper Blvd., Suite 370
Naperville, IL 60563

FAX FORM TO: (630) 505-4656

Please check the course(s) you will be attending:

Best Practices in CI Response in the Workplace

November 18, 2011

TOTAL DUE: \$250.00

NAME: _____ LICENSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PAYMENT OPTIONS:

Check: Made Payable to APC Visa MasterCard

CREDIT CARD INFORMATION: (Please print clearly)

_____ Exp. Date

Card Number

_____ Name as it appears on the card

V-Code (Last 3 numbers on signature strip)

_____ Billing Address for Card (if different than above)

CANCELLATION POLICY:

Refunds can be made only if requested in writing to: APC • 1804 N. Naper Blvd, Suite 370 • Naperville, IL, 60563; and postmarked no later than 7 business days prior to the training. Refunds are subject to a \$25 service charge. One person may substitute for another who is unable to attend on the condition that a letter from the original registrant authorizing the substitution accompanies the new registrant. In the event that APC finds it necessary to cancel any course for any reason beyond our control, notice will be given to all registrants as soon as possible and a complete refund of registration fees paid will be given to all registrants affected. APC reserves the right to substitute a qualified presenter should an emergency or sickness impact the scheduled presenter