Phase One Consultants, LLC

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Registration Form

Please note you have not completed your registration until the course is <u>PAID IN FULL</u> prior to attendance AND you receive acknowledgement from Phase One Consultants of receipt of payment. If paying by corporate check, you have not completed your registration until the funds have cleared.

Please list the following specific training courses you are interested in taking and pay by credit card the \$25 registration fee** for each student.

Student Name:	
Student Address:	
City, State, Zip:	
Phone: ()	Alternate Phone: ()
Email: Name of Company you work for: Name of course you are taking: Date of course you are attending: Location of course:	
Please sign this registration form an	d agree to pay any balance due prior to attendance.
Signed By:	Date:
Cancelled course attendance on the derefund fee.	tial that you understand / acknowledge the following: ay of course will incur a penalty of 75% refund fees. Cancel the day before incurs a 25% 5 PM, unless other arrangements are made. Training course locations are upd ated daily.
All students attending are NOT REC**Courses are Nonrefundable	4 students to meet outside Davidson County. GISTERED until the student is PAID in FULL prior to course date. given unless other arrangements are made. No personal checks accepted. You must call