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www.phaseoneconsultants.com

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NAME: First_____ Last_____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

LOCATION OF COURSE:

Have you paid for course: yes no

Student signature: _____

By signing this form you are entering an agreement to pay for the courses you have selected. There is a \$25 charge to reprint certificates. Courses must have a minimum of 5 students to meet outside of Davidson County. All courses held at stated locations unless other arrangements are made. Call to be sure of location. There is a \$25 charge to reschedule a class. Please inform us if you have special needs in compliance with ADA prior to course attendance.

This registration form is to be used solely for clients taking courses. Please be advised that this information will not be shared or distributed. Fully paid registrations are refundable up to 75% before the day of class. On the day of class, it is only 25%.