



## REGISTRATION FORM

### STUDENT INFORMATION

All information must be completed in order to register for the course. Personal information protected.

Name:

Phone:

Email:

Current Mailing address:

City:

State:

ZIP Code:

Emergency Contact:

Emergency Contact Phone:

### COURSE INFORMATION

All registrations are pre-paid; no registration at the course or seminar.

Course Name:

Start Date:

Tuition: \$

### PAYMENT INFORMATION

Credit card information protected and kept confidential. Tuition includes non-refundable \$50 cancellation fee per course.

Payment Type: (check one)  Check # \_\_\_\_\_  Money Order  Visa  MasterCard  Discover  Amex

Name on Card: (if paying by cc)

Phone Number:

Card Number:

Expiration Date: /

Security Code:

Billing Address:

City:

State:

ZIP Code:

Card Authorization Signature:

Date:

Authorized amount: \$

Email address for receipt:

Certifications are provided to students based on City, State, or Federal requirements of curriculum and training. Training does not absolve the individual worker or contractor of their full responsibility to work safely and comply with all required regulations. Training and certificate certifies receipt of approved training, not worker competence. Signature of this form ensures your enrollment in training and acknowledgement of your accountability to work safely. United Alliance Services is held harmless in any incidents that occur outside the training classroom or in regard to worker safety.

**Cancellation Policy:** To obtain a refund less the non-refundable \$50 cancellation fee, students must notify UASC of cancellation at least 10 business days before the start of the course. Students must confirm their cancellation in writing. No Refund will be given if a student notifies UASC of a cancellation less than 10 business days before the start of the course. UASC will fully refund the student's tuition in the case that UASC cancels the course.

In completing this form you are authorizing UASC to keep you updated on certification status and upcoming courses. If you wish to be removed from our mailing list, please call (877)399-1698 and you will no longer receive future updates.

### SIGNATURE

My signature indicates that I have read and understand the information provided above.

**SIGNATURE OF STUDENT:**

**DATE:**

For Office Use Only:

Contract Number:

Form Revised: 8/27/2014