

COURSE REGISTRATION FORM

10771 Noel Street, Los Alamitos, California 90720 Ph: 714-220-3922

www.healthscience.com

NAME: _____

Current DHS Card No.: *(for any Lead-Related Refresher Course)* _____

ID or Driver's License Number: _____

Occupation: _____

Company Name : _____

Company Address: _____

Work No.: (____) _____ **Mobile No.:** (____) _____ **Fax No.:** (____) _____

Class Name : _____

Class Date : _____ **E-mail Address:** _____

* PAYMENT

Check is enclosed, payable to HEALTH SCIENCE ASSOCIATES *Charge to MASTER CARD or VISA*

Card Number: _____ **Exp. Date:** _____

Signature: _____

PAYMENT INFORMATION:

* Pre-payment at least five business days prior to the scheduled class date will entitle you to a **\$10.00 discount** per student. Discounts are available for groups of five or more. Payment (credit card or check) is required before you are considered registered for the class.

REGISTRATION REQUIREMENTS:

Each student will be required to complete a registration form for the class. In addition, students will need to bring both a valid photo ID and any current cards issued to them by the state. All students ID's will be checked before the class begins.

CANCELLATION POLICY:

Health Science Associates reserves the right to cancel any class or seminar due to insufficient enrollment (less than three students for initial classes). A full refund will be issued when a class is canceled by Health Science Associates.

- If a student withdraws from a class more than five business days prior to the class and reschedules another class offered within a 6-month period, the full price will be applied toward the class.

- If the student does not reschedule, there will be a refund issued, minus a **\$50.00** processing fee.

- If the student withdraws from a class two to five business days prior to the class a **\$100.00** late withdrawal fee will be charged, even if the student reschedules for a class at a later date.

There will be no refund or credit for withdrawals less than two business days prior to the class, or for "no shows" the day of the class.

NOTES
<p>FAX or E-MAIL FORM 714.220.2081 training@healthscience.com</p>

HSA,form.08-D

*We offer Group Discounts and Pre-payment. Classes begin promptly at 8:00 A.M. Coffee and Doughnuts will be offered during this time. Ample PARKING IN BACK Available. **SIGN UP NOW!***