

Training Location: _____

Training Date: _____

Registration Form for Basic ART Training

Name		
Home Street Address		
City, State/Province, Zip/Postal Code		
Is this your billing address?	YES or NO	
Home Phone		
Cell Phone		
Work Phone		
Fax Number		
Email Address		
Professional License Number, State and Type (REQUIRED)		
Payment Amount in USD	\$1700.00 (3-days) *	
Check # (If paying by check also provide Driver License # /State)		
Credit Card # (Mastercard, Visa, Discover, AMEX)		
Exp. Date		
Security Code (last 3 digits on back of card for VA, MC, Discover or 4 digits on front of card for AMEX)		
Cardholder Name & Billing Address		

Registration Policy:

If requested, a full or partial refund of any payment will be considered only if stated, in writing, at least 72 hours prior to the start date of the seminar.

RCRR reserves the right to assess a cancellation fee of \$100. Registrants requesting a transfer of funds to a future training date will be assessed a \$50 transfer fee and be eligible to attend for a period of 6 months from date of original payment.

If for any reason, RCRR cancels or reschedules a seminar after receipt of your payment, you may transfer your funds to a future seminar or request a refund and such request will not be unreasonably denied.

Mail to:

RCRR

12472 Lake Underhill Rd. #398
Orlando, FL 32828

Fax to:

407.650.2828

Email to:

Robin@ARTworksNow.com

***Payment plan available. Minimum deposit is \$500. Not amount to pay above. Balance is due 1 week prior to training start date.**