

# TRAINING COURSE ENROLLMENT FORM

Training Course Date: \_\_\_\_\_

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Attendee 1: \_\_\_\_\_

Attendee 2: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Facility: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email : \_\_\_\_\_

Phone: \_\_\_\_\_

\*Enrollment fees are non-refundable if cancellation is received 3 weeks (15 business days) or less before course date.

\*All payments are due in full 30 days prior to course to guarantee availability.

\*Please note: Travel arrangements and accommodation are not provided in cost.

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## Payment Option 1 (Credit Card)

Visa      Mastercard      AMEX

Card No: \_\_\_\_\_

EXP Date: \_\_\_\_\_

Total Enrollment FEE: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (If different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Option 2 (Pay by Check)

Contract/UMP = No Charge

PO#: (optional) \_\_\_\_\_

Remit Payment to:

**Avante** | Ultrasound

1040-A Derita Road, Concord, NC 28027 1.800.958.9986