REGISTRATION FORM Complete Name:_____ Complete Address:_____ Cell#_____Alternate Phone#____ Email Address: **ONLINE CLASS via ZOOM** 09/11/2023 - 09/15/2023 IN PERSON CLASS ____10/09/2023 - 10/13/2023 PTIN#_____ EFIN# ____I want to pay \$700 dolares. _____I want to pay in 4 payments of \$175.00 each _____(Please initial here)I understand that if I decide not to take the class after I paid the deposit, (\$175.00) or the complete course (\$700) the deposit is not refundable and only \$525 from the \$700 payment will be refund it. Signature_____Date:____

Fax complete and signed form to 1-877-865-5943 or email to info@aztaxprepsolutions.com