

2019 APPLICATOR TRAINING PROGRAM ENROLLMENT

COMPANY: _____ **PARTICIPANT:** _____

TELEPHONE: _____ **PARTICIPANT TITLE:** _____

EMAIL: _____ **FAX:** _____

REGISTRATION FEES: SPECIAL: Only \$750
(\$490 for each additional student from the same company)

<input type="checkbox"/> Feb 18-22 Lakewood, NJ	<input type="checkbox"/> May 13-17 Tacoma, WA
<input type="checkbox"/> Mar 11-15 Boston, MA	<input type="checkbox"/> Oct 14-18 Tacoma, WA
<input type="checkbox"/> Apr 1-5 Rowlett, TX	<input type="checkbox"/> Nov 18-22 Rowlett, TX

METHOD OF PAYMENT: (Check - Please make check payable to Specialty Products, Inc.)

AMOUNT: \$ _____ **TYPE OF CREDIT CARD:**
 VISA MASTERCARD AMEX

CREDIT CARD #: _____ **EXPIRATION DATE:** _____

3 DIGIT CODE: _____ **NAME AS IS APPEARS ON CARD:** _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

SIGNATURE: _____ **DATE:** _____

CONTACT ME FOR CREDIT CARD INFO

CANCELLATION POLICY:

If you cancel 14 business days prior to the class date you will receive a 50% refund and a 50% credit toward the next training class or product order.

If notice of cancellation is received less than 14 business days prior to class, SPI will credit your full registration fee to the next training class or product order.

SPI reserves the right to cancel any class 21 days prior to the scheduled class date due to lack of enrollment. In this case you will receive a full refund.

Participant space is not reserved until full payment is received.

SPI OFFICE USE ONLY:

ON ACCOUNT: _____ **SALES ORDER #:** _____

INFORMATION VERIFIED BY: _____

You may return the form(s) to
Customer Service by:

 **FAX 253 588 7196**

 **SalesSupport@specialty-products.com**

 **2410 104th St. Ct. S. Suite D
Lakewood, WA 98499**

**Your confirmation will be sent to
you within 48 hours of receipt
of payment.**

**How did you hear about our
training program?**

REFERRAL FROM

SALES REP.

ADDITIONAL PARTICIPANTS

