



Pro-ACT, Inc. PO Box 5979 San Clemente, CA 92674-5979
Phone: 949/489-5700 FAX:949/489-5720

2008 Credit Card Registration Form

Please Print Legibly

Name: _____ Position: _____

Agency: _____ Address: _____

City/State/Zip Code: _____

Day Phone: _____ Cell Phone: _____

Training Dates: _____ Training Location: _____

See website or flyer for early & final registration deadlines as listed on the 2008 Schedule.

Pro-ACT® (4-day only – no restraint): \$795 early registration or \$845 late registration

Pro-ACT® + Restraint Certification (4-day+1-day): \$995 early registration or \$1,095 late registration

Registration Fee \$ _____ + **Processing Fee** \$ 35.00 = **Grand Total** \$ _____

Fee includes CD of Basic Course and Power Point training aids. Registered participants will receive written confirmation, directions to the training site, and a list of suggested lodging. **In addition, an In-service Instructor Agreement will be sent to be completed by the participant and an authorized representative of the participant's sponsoring organization, and must be brought to the first day of training.**

PAYMENT INFORMATION

Check appropriate card type: _____ Visa _____ MasterCard

Card Number: _____ Security Code: _____

Expiration Date (mm/yyyy): _____

Name as it appears on credit card: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Refund Policy

A \$100 processing fee will be charged for all refunds or class date changes requested prior to the final registration deadline for the training dates indicated above. **No refunds or class date changes will be made after the final registration deadline for the training dates indicated above.** Participant substitutions may be made for the training dates indicated above only. If necessary, notice of cancellation of training dates indicated above will be made by Pro-ACT, Inc. by the final registration deadline for that training. If this occurs, full refunds will be issued.

By signing this, I am authorizing the charge to my credit card as indicated in "Grand Total" above. Also, I acknowledge that I have read and agree to the Refund Policy stated immediately above.

Authorized Signature: _____ Date: _____

Payment Information (for credit card payment only)

Fax registration to: 949/489-5720

or

Mail registration to: Pro-ACT, Inc.
PO Box 5979
San Clemente, CA 92674-5979

Space is limited. Registration is on a first come, first served basis only.

If you have questions, call: 949/489-5700