

Registration Form

Please complete the registration form and mail it with your payment to AIPTD. You may also register by faxing the form to 949-743-1651.

Course Title: _____

Course Location: _____

Name Mr. Ms. _____

Title _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

Please make your check payable to: "AIPTD Courses"

Credit Card Authorization

I authorize the amount of \$_____ for my course fees to be charged to the following credit card: Visa Mastercard American Express

Card # _____ Expiration date _____

Card holder's name _____

Signature _____

Cancellation Policy:

If for any reason you cannot attend after registering, we will gladly accept a substitution or process a refund to you, provided that we receive notification from you at least ten working days prior to the date of the course. No refunds will be issued without a ten day advance notification.

AIPTD reserves the right to cancel any of these courses or offer alternate program faculty at anytime. In the event of a cancellation, fees received for the (cancelled) course will be returned. Any and all costs incurred by the registrant as a result of a course cancellation will be the sole responsibility of the registrant.