



Registration Form

All Students – Please Print Using a Ball Point Pen (Please make *any* necessary corrections/additions)

Quarter/Year: Fall 2006 Dates/Time: 9/9-11/20/06 Online; Sat 8:30-12:30am 9/9, 10/7, 11/4/06 SSN/: (required)	Mail to: The Close Group 4230 Greenwood Av N Seattle, WA 98103 Fax to: (206)297 0379 Questions? Call (206)782-1254
Name: Last: _____ First: _____ Middle: _____	
Permanent Address: Street: _____ City: _____ State: _____ Zip: _____ Employer: _____	
Email Address: _____	Phone: [day] _____ [eve] _____
Birthdate: (mm/dd/yy) _____	
(Necessary to access the SPU Banner system (obtain on-line grade transcript))	
Required Information: _____ U.S. Citizen _____ Non-U.S. Citizen (country)	

CRN (SPU applied)	Subject Code	Course Title	CEU/CR Units	Course Instructor	Start Date	End Date	Tuition
	Certificate of Completion 30 hrs recertification	Applied Health & Safety (A-Z)	n/a	Amanda Close	9/9/06	11/20/06	\$995.00
	Credit	Applied Health & Safety (A-Z)	3	Amanda Close	9/9/06	11/20/06	\$1295.00
	CEU	Applied Health & Safety (A-Z)	3	Amanda Close	9/9/06	11/20/06	\$1145.00

Payment method and additional services

Please Remember: P.O. Option: Student is responsible for charges until purchase order is processed. A copy of the PO should be attached. Please note: Tuition includes the cost of your textbook!	<p>Payment Options: Choose one of the following methods (A, B or C). Payment or copy of the PO must be received <i>prior to</i> the first class meeting payable to: The Close Group.</p> <p>A _ Check (make payable to: The Close Group)</p> <p>B _ Purchase Order number _____ from _____ <small>(Payable upon receipt of invoice) (Name of school, district or organization)</small></p> <p>_____ <small>(Organization Address)</small></p> <p>C _ Credit Card (make payable to: The Close Group) go to www.closegroup.org and click on “enroll now”</p> <p><i>Please mail receipt for payment to address listed above (type or write alternative address below)</i></p> <hr/> <p>Send or email receipt for payment to:</p>
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1. Contractual Agreement

I understand and agree that when my registration is accepted by the Close Group, I have obligated myself to pay for the course and all other charges related to this registration. If I decide to cancel my registration, I will do so in writing (email is sufficient) to the Close Group. To receive full refund (less unrecoverable expenses such as books, materials and SPU registration fees) cancellation notice must be received prior to the 2nd class session. No refunds/withdrawals will be granted after this time.

I request registration in the course indicated above and agree to abide by the contractual agreement. Signature _____ Date _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Entered in computer</td> <td style="width: 33%; text-align: center;">For official use only</td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">Initials</td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Postmarked Date</td> </tr> </table>	Entered in computer	For official use only		Initials	Date	Postmarked Date
Entered in computer	For official use only						
Initials	Date	Postmarked Date					