

HUNTON LEARNING CENTER *TRAINING REGISTRATION*

Company Name: _____

Contact Name: _____

Telephone: _____ Email: _____

Payment Options: (check one)

Check Enclosed / Check # _____ | Bill to Acct. | TCS

Credit Card: Visa | Mastercard | Discover | American Express

Card Number: _____

Exp. Date: _____ CID Number on Card: _____

Name on Card: _____

Billing Zip: _____

Please include the name, date, and time of the course, as well as the participant's First and Last name.

Class Name / Date	Participants (First/Last)

Please email or fax completed form to Lee Anne Simmons: lsimmons@huntongroup.com or Fax: 832-747-2076

No Show/ Cancellation Policy:

Full tuition is due for all no shows or cancellations within 48 hours of class start time (including TCS dealers).
 Cancellations will only be accepted via email to: Lee Anne Simmons - lsimmons@huntongroup.com