

# 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: [training@huntongroup.com](mailto:training@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 - [training@huntongroup.com](mailto:training@huntongroup.com)