

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 or Fax: 832-747-2197

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