

Student Registration Form
Complete This Form And Either Email It Or Fax It
Email: info@advancedtraininginstitute.org
Fax: 845 429-6603

Attendee's Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: Address: _____

Course	Day dates	Day time Class	Evening Class	Tuition Fee
Sub Total Tuition				
If you are not paying in fill a nonrefundable a \$50 deposit is required				
Grand Total				

Selected Class Location: _____

Method of Payment

Check, _____ Make Payable to Advanced Training Institute

Credit Card: Amex Visa , Master Card , Discover ,

Number _____ Card Exp Date, _____ CCV # _____

Name on Credit Card _____ Signature _____

Billing Address if different than above:

Address: _____ City _____ State _____ Zip _____

Phone: () _____ Fax : () _____

Terms and Conditions: The classes are offered on a first come first served basis. Seating is limited. Confirmation will be sent to the attendee in the order in which it was received. Advance Training Institute Inc. reserves the right to postpone or cancel the classes provided all attendees are given reasonable notice and all fees are returned. Registered attendees may cancel with reasonable written notice to Advance Training Institute Inc of at least 72 hours. Payment must be made in full prior to start of class. * Credit cards will be charged the first business day prior to the first day of the class.