

Affordable Training USA

Enrollment Form

9216 Center Ave, Unit 102, Rancho Cucamonga, CA 91730
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2020

Student:	Birth Date (if Minor):	Parent or Guardian's Mobile Phone:
Address:	City:	State Zip
Mobile Phone:	Mobile Phone:	email:
Company Name (if applicable):	Company Phone:	Company Contact:

Catalog Workshop Code	Catalog Title / Description	Workshop Cost	Clock Hours	Non-Refundable Fees		
				Registration Fee	STRF Fee	Fees charged by other entities
				\$100	\$0	

Skill Evaluation Results:

Workshop dates requested:	<u>TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM:</u> _____ <u>TOTAL CHARGES STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT:</u> _____ Credit Card or Bank Processing Fee (if applicable): _____ Deposit Paid (\$250 minimum): _____ Balance Due On or Before 1st Day: _____
1st Choice:	
2nd Choice:	
School Confirmation:	

<input type="checkbox"/> Cash <input type="checkbox"/> Money Order or Cashier Check <input type="checkbox"/> Check Number: _____ <i>check pymts accepted 3 days before class</i> <input type="checkbox"/> Debit (swiped) <input type="checkbox"/> Company Purchase Order No: _____ (copy attached) <i>Purchase order accepted instead of deposit, but must be paid-in-full by 1st day for discounted pre-paid prices</i>	<input type="checkbox"/> Visa, Mastercard or Discover + 3.5% fee <input type="checkbox"/> American Express + 4% fee <input type="checkbox"/> Paypal + 2.9% fee (domestic) <input type="checkbox"/> Wire transfer + \$15 fee	Card Number: _____ Cardholder Name: _____ Cardholder Address (if different from above): _____ Cardholder Signature: _____ Expiration Date: _____ Authorized Credit Card Amount \$ _____ 3 or 4-digit V Code: _____
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I, print name _____ have read and understand this enrollment agreement including the schools's Catalog which contains this institution's attendance, grading, code of conduct, cancellation and refund policies, Student Tuition Recovery Fund (STRF), Student's Right responsibility to repay any loan obtained, transferability of credits and credentials earned at this institution and contact information for questions to cancel or complaints to the Bureau for Private Postsecondary Education.

I UNDERSTAND THAT THIS IS A IS A LEGALLY BINDING CONTRACT. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTOOD, AND AGREED TO MY RIGHTS AND RESPONSIBILITIES, AND THAT THE INSTITUTION'S CANCELATION AND REFUND POLICIES HAVE BE CLEARLY EXPLAINED TO ME.

Student's Signature:	Enrollment Date:	School Representative:
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