

Registration Form

Course Number and Name: _____

Preferred Dates (Call for availability): _____

Location: _____

Company name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Telephone: (____) _____ **Cell:** (____) _____

Email: _____

Number of Participants (minimum six): _____

Names of Participants as they should appear on certificates (add more pages if needed):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Registration: Advanced registration is required

Method of payment

Electronic Transfer, Check, or draft (Please contact us for details). At least 50% of the total fee is required in advance. The remainder is paid upon the instructor's arrival.

Email a copy of this form to: innovatellc@gmail.com (Payment can be made electronically, or by check. Call for details)

Cancellation Policy

If you need to cancel you may do so without penalty until 3 weeks prior to the course date. If your cancellation notice received later than 3 weeks prior to the course date, you are eligible for a full refund less \$250 per person. If one or more participants do not show up for the course, full tuition will be charged to that participant.

INNOVATE, LLC

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