

CLASS REGISTRATION

Class and dates you are registering for:

Class: _____ Dates: _____ Tuition Amt: _____

Student Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, Zip: _____ Fax: _____

Email: _____

Employer: _____

Bill To (if different from above):

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ PO Number: _____

If paying by Credit Card, please indicate:

Credit Card Number (Visa / MC / Discover) _____ Exp date _____

Signature _____

Refund Policy: If you must withdraw from a course, we provide the following refund policy:

- Withdraw prior to 60 days before the start of a class and we will refund all monies paid.
- Withdraw prior to 30 days before the start of a class and we will refund all monies paid, less a \$100.00 cancellation fee.
- Withdraw prior to two weeks before the start of a class and we will refund 50% of all monies paid.
- Withdraw less than two weeks before the start of class and no refund will be given without acceptable written documentation.

Please note: classes are filled on a first-come, first-served basis. Please call us or email us (info@media-power.com) to make sure there is space available in the class for which you are registering. Media Power reserves the right to cancel or reschedule a class due to insufficient enrollment. Thank you.

Please send or fax this registration form with payment to:

MEDIA POWER, INC. • 19900 W 9 MILE RD SUITE 202 • SOUTHFIELD MI 48075 • Fax (248) 351-0102