

Mail or Fax Registration to:
 2100 South 1300 East, Suite 500
 Salt Lake City, UT 84106
FAX: 801.990-4412

**AVIDERE EDUCATIONAL PROGRAMS
 REGISTRATION FORM**

DESIRED COURSE: _____

REQUESTED TRAINING DATE: _____ ALTERNATE DATE: _____ (visit AVIDERE website or call for schedule)

FIRST & LAST NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE # _____ CELL # _____ FAX # _____

EMAIL _____

SPA AFFILIATION (If Applicable) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SPA PHONE _____ SPA FAX _____ SPA EMAIL _____

COURSE LOCATION & ENROLLMENT INFORMATION

Classes are held in Salt Lake City, Utah. Enrollment is limited to provide maximum hands-on experience and to assure quality training.

TUITION FEES

The tuition fee includes all morning, afternoon, and evening instruction (including but not limited to interactive exercises, clinics, consultations and evaluation sessions) and all course materials as outlined in the course description. Tuition also includes breakfast, lunch and energy breaks for each day of training, travel to/from the airport, and all special events related to the course. Airfare, hotel and dinner expenses are not included in the package price. Educational expenses are generally tax deductible as a necessary business expense.

PAYMENTS & CANCELLATIONS

By signing and submitting this registration form, I acknowledge that I have received and accept the payment

conditions set forth in the Avidere, LLC Educational Programs literature. I also agree to pay a 50% tuition deposit fee and hereby agree to pay the tuition balance no later than three weeks prior to the training start date (all payments are made in U.S. dollars). I understand that the deposit amount will be credited toward the total tuition fee and is non-refundable. In the event of a cancellation, I understand that the training deposit is transferable to another Avidere, LLC training course or to another training date for up to one year from the deposit date, if I cancel at least three weeks prior to the training start date.

AVIDERE STANDARDS

By signing and submitting this registration form I acknowledge that I have received and reviewed the Avidere qualifications and requirements for the course listed above and verify that I meet these qualifications and agree to the Avidere terms and conditions as outlined therein. By signing and submitting this registration form, I also confirm that the information provided on this form is accurate and complete.

BILLING INFORMATION

COURSE TUITION FEE \$ _____	TOTAL DEPOSIT \$ _____
REMAINING BALANCE DUE \$ _____	BALANCE DUE DATE ____/____/____
FIRST & LAST NAME _____	
ADDRESS _____	
BILLING PHONE _____	EMAIL ADDRESS _____
PAYMENT METHOD CREDIT CARD: VISA____ M/C____ AMEX____ CHECK: ____ (#____)	
CARD # _____	CARD EXP DATE _____ SEC CODE _____
AUTHORIZATION SIGNATURE _____	DATE _____

Applicant's Signature: _____ **Date:** _____