



STUDENT INFORMATION					
Salutation:		Full Name:	First Name	M.I.	Last Name
Grade Completed:	..	Name Tag: (Nickname)			
School Name:					Age:
School Address:					
City:		State:		Zip:	
Student Email :				Student Cell Phone:	
PARENT/GUARDIAN INFORMATION					
Salutation:	Choose an item.	Name:	First Name	Last Name	
Relationship to Student:		Email:			
Work Phone:		Cell Phone:			
HOME INFORMATION					
Home Address:					
City:		State:		Zip:	
Home Phone:					
BILLING INFORMATION					
Bill To:		Attention:			
Address:					
REGISTRATION INFORMATION For Office Use Only					
Program Code:		Location:			
Program Type:					
Registration Type:		Tuition:			
Program Start Date:		Training Consultant:			

Registration Agreement: I understand that this reservation is for a spot in a class of limited size. Tuition includes all necessary textbooks and class supplies. If I miss any sessions, for any reason, I may make them up with another class within 1 year of the completion date of my class. If I relocate, I may complete the training in any of the cities where this course is presented, within 1 year after the date of original enrollment. I am responsible for contacting the office of B. Dickson & Associates, LLC. to make the necessary arrangements for making up sessions or completing the class.

Criteria for Awarding Certificate of Completion: 1. Tuition must be paid in full 2. I must attend the minimum number of sessions required for graduation 3. Be declared by the instructors as having participated at a level worthy of receiving a Certificate of Completion.

Refund Policy: I understand that I may cancel my enrollment and that tuition will be refunded in full provided I give notice to the instructor or another representative of B. Dickson & Associates, LLC, prior to leaving at the end of Session 1, and return all books and materials in original condition. Failure to adhere to these guidelines may result in certain fees being deducted from the tuition payment, including, but not limited to, the cost of books and materials, as well as processing fees.

B. Dickson & Associates, LLC reserves the right to cancel any of its programs.

Image Release: Pictures, quotations, and/or survey responses gathered during the Generation.Next program may be used in promotional materials, news releases, website and other published formats for Dale Carnegie Training of Western CT. We acknowledge that any images taken during Dale Carnegie Training functions will be the sole property of Dale Carnegie Training of Western CT. If you do NOT wish to have your child's image used in promotional materials please check here: <input type="checkbox"/>

I agree to the above conditions and acknowledge receipt of this enrollment agreement.

Student's Signature	My typed name above shall have the same force and effect as my written signature.	Date:	
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DALE CARNEGIE®
TRAINING

DALE CARNEGIE TRAINING of WESTERN CONNECTICUT

21 Maple Street

Naugatuck, CT 06770

Tel: 203.723.9888 Fax: 203.723.6671

Save using participant name, then send to:
WesternCT@dalecarnegie.com

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

Student's Name:					
Parent's Name:					
Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover Card				
Card Number:		Exp. Date:		Security #:	3 or 4 digits
Cardholder Name:					
Cardholder Address:				City:	
State:				Zip:	
Phone :					

FOR OFFICE USE ONLY

Program:		Rep:	
Amount:		Class Date:	
Payment Notes:			