



2019 REGISTRATION FORM (valid for orders received in 2019)

Referred by: Thomas Hallford (855) 857-7233

Class Date: _____ City, State Location: _____

Please send orders via fax, email or call our office for assistance.

Fax: 855-522-4425 // email: info@tscassociates.com // Phone: 855-857-SAFE (7233)

Company Name: _____ Data Base # _____ (internal use)

Primary Contact Name: _____ Title: _____

Email address: _____

Phone Number: () - _____ Secondary Phone number: () - _____

Fax Number: () - _____

Business Address: _____ Shipping address: _____

of Attendees _____ x \$149 per person = \$ _____

(Text book, Class, Examination and Study material)

Shipping and Handling	(1 -4 books \$11)	Subtotal \$ _____
	(5 - 9 boks \$15)	S&H \$ _____
	(10+ books \$20)	Total \$ _____

of Attendees _____ x \$99 per person = \$ _____

(Class, Examination and Study material)

Name of attendees and language:

(please designate the language for each attendee - English, Spanish, Chinese, Korean)

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

****Indicate Payment Method****

_____ **Option A: Credit Card** Circle type: Amex Visa MC Disc

Card# _____ Exp ___/___ CVV: _____

Name of authorized Signature: _____

Billing address tied to the card: _____

_____ **Option B: Electronic Check** (copy of completed check must be included)

- * Make payable to: TSC Associates LLC
- * Memo or For line: Process electronically
- * Signature