

Student Enrollment Form

Student Information

Student Name _____

Title _____

Company _____

Suite, PO Box, or Mail Stop# _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Home /Cell Phone _____

Billing Information

Send Invoice to _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

*P.O.# (terms 10 days net) _____

Billing Inquiries Contact _____

Phone _____

*Credit Card # _____

Exp. Date _____ Signature _____

Payment Policy:

- Payment is due before the first day of class.
- Payment options are a pre-approved Purchase Order, credit card, or check.
- Course dates and prices are subject to change without notice. (Please confirm availability)

Rescheduling Policy:

- A student may reschedule once without charge.
- Reschedules made more than once will be charged a \$25 administration fee per occurrence.

Cancellation/Refund Policy:

- Cancel 10 or more business days prior to the first day of class; receive a full refund.
- Cancel less than 10 business days prior to the first day of class; pay 50% of the course cost.
- Failure to attend class without prior notice; course fee nonrefundable.
- Substitute a qualified student for another student anytime without penalty.

X _____
I agree with the above terms – Authorized Signature

Course Information

Course #	Course Name	Dates	Course Fee
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
Total:			\$ _____

Referred By:

Name: _____

Company: _____

Phone: _____

Email: _____

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Mail or Fax to:

Data Planners, Inc.
24901 Northwestern Hwy, Suite 600,
Southfield, MI 48075
Phone: 877.353.0740 Fax: 248.353.7595

Call for a course description or course schedule
Or visit our website at: www.dataplanners.com