

2005 REGISTRATION FORM

☞ Please copy this form and complete for each participant. Save the original for future use.

Attendee Information: **Agent CE Required:** ☐ Kentucky ☐ Indiana

Full Name: _____ Social Security No: _____ - _____ - _____

Agency/Company Name: _____

Phone: () _____ Fax: () _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

REGISTRATION FEES

3 Hour Ethics only	4 Hour Seminar only	5 Hour Seminar only	3 Hour Ethics + 5 Hour Seminar	8 Hour or Double Feature Seminar
\$35	\$35	\$40	\$65	\$65

Please register me for the following seminar (s):

Date: _____ Seminar Title: _____ Fee: \$ _____

Date: _____ Seminar Title: _____ Fee: \$ _____

Date: _____ Seminar Title: _____ Fee: \$ _____

Date: _____ Seminar Title: _____ Fee: \$ _____

Date: _____ Seminar Title: _____ Fee: \$ _____

Date: _____ Seminar Title: _____ Fee: \$ _____

Total Payment: \$ _____

Payment Options: ☐ Enclosed is my check payable to: **Professional Training Associates, Inc.**

☐ Please charge my: ☐ MasterCard ☐ Visa

Credit Card No.: _____ Expiration Date: _____

Name on Card: _____ Signature: _____



In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability. Your request should be submitted as far as possible in advance of the program you wish to attend.

☞ Please make a copy of the completed form for your records; no confirmation will be sent.

Cancellation/Refund Policy: A written request for a one-time transfer of the full registration fee to another scheduled program or a refund less a \$20.00 cancellation fee must be made prior to the end of the seminar, or the first day of the pre-licensing school for which the individual was registered. A transfer or refund will not be given after the seminar or after the end of the first day of the pre-licensing school. Substitutions are welcome.

Signature of Attendee: _____ Date: _____ Seminar Official: **Shirley Wiltz**



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