



Registration Form



Lead Safe Renovator Training

Legal First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Birth Date: _____ Company: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: (_____) _____ Email: _____

Dwelling Contractor Qualifier Number (For 8 hours of continuing education credits): _____

Course Date: _____ Course Location: _____

Course FEES

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

- One Student \$230
- Two Students \$460
- Three Students \$690

TOTAL ENCLOSED: \$ _____ DISCOUNT CODE: _____

Please list any Special Needs: _____

Cancellations/Changes and Refunds: Fees will be refunded, less a \$30.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than three business days prior to training class. After that date, fees are non-refundable. All refunds will be processed after the training session.

PAYMENT METHOD Check or Credit Card Payment form payable to: **Testudo LLC**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check VISA MasterCard Discover American Express

Card #: - - - Expiration Date: /

Verification Code (on back):

Billing Address: _____ City: _____ State: _____ Zip: _____

Print Cardholder Name: _____ Cardholder Signature: _____

Please mail completed registration form with payment to:
Phone: (608) 205-8025
Email: info@TestudoOnline.com

Testudo LLC
P.O. Box 3280
Madison, WI 53704

Do not email credit card information because security cannot be guaranteed. Please mail or telephone credit card information.