



Emergency Services Training Institute

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Address: TEEX-ESTI, 301 Tarrow, College Station, TX 77840-7896

Participant Information:

(Photocopies can be made for additional participants.)

Participant Name (First, MI, Last)

TEEX Student ID** (or Full Social Security Number*)

TCLEOSE PID #

COMPANY INFORMATION

PERSONAL INFORMATION

Date of Birth _____

Organization _____

Address _____

Supervisor Name _____

Address _____

City / County _____

City / County _____

State / Zip / Nation _____

State / Zip / Nation _____

Phone _____ Fax _____

Phone _____ Fax _____

Email _____

Email _____

Course Information:

Course #	Course Name	Class Location	Class Date	Class Fee
				\$ _____

*Section 7(b) of the Privacy Act of 1975 (5 U.S.C. 552a) requires that when any federal, state, or local government requests an individual to disclose his or her social security account number (SSN), that individual also must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited and what uses will be made of it. (Call 888-878-8900 for full privacy statement.) **New students will receive a student ID number from TEEX.

Transfer and Cancellation Policy

If you cannot attend a class, you MUST contact TEEX in advance to either transfer or cancel your registration. Please refer to the Transfer, Cancellation, and No-Show Policies below.

Transfers:

Transfers to another scheduled class (or from one customer to another) are accepted at any time before the start of the class at no charge.

- Customers are encouraged to transfer to a future scheduled class of the same course.
- If the customer cannot transfer to a scheduled class of the same course, then he/she may transfer to another class of a different course and receive either a refund or pay the difference between the two class fees (if applicable).
- If the customer cannot attend any scheduled class, then the Cancellation/Refund Policy is in effect.

Cancellations/Refunds:

- TEEX will provide a full refund if you cancel 15 or more calendar days before the start of the class.
- Cancellations received 14 calendar days or less before the start of the class will be charged a fee of 10% of the class tuition.
- If TEEX cancels a class, customers will be offered:
 1. a transfer to a scheduled class of the same course.
 2. a transfer to another class of a different course (customers will receive either a refund or pay the difference between the two class fees, if applicable).
 3. a full refund.

No Shows: Registered participants who do not contact TEEX in advance to cancel their registration and do not attend their scheduled class will be charged the entire class fee.

eLearning/Correspondence Courses: Refunds are not available for eLearning or correspondence courses, nor may the course be transferred from one customer to another.

*By sending your check, please be aware that you are authorizing the Texas Engineering Extension Service (TEEX) to make a one-time electronic debit from your account at the financial institution on your check. This electronic debit will be for the amount of the check; no additional amount will be added to the amount and ALL transactions will remain secure. Please contact TEEX's Financial Services Department at (979) 458-6906 to learn about other payment options if you prefer NOT to have your check used this way. We value your business and appreciate your selecting TEEX for your training needs.

Payment Information — Advanced registration is required. Payment must accompany registration. **TOTAL AMOUNT DUE: \$** _____

Arrange payment by one of the following methods:

1. Check * / Money Order / Cashier's Check enclosed payable to TEEX (Please add course number, course name, and course date)
2. Purchase Order (Copy of official and signed company PO must be attached. TEEX will send you an invoice.)
3. Credit Card (complete card information below)
4. PIN-less Debit Card (complete card information below)

MasterCard Visa American Express Discover

(Print) Name on Card _____ Last 4 Digits of card number: _____

Signature _____ Signature Date _____

TEEX CUSTOMER CARE

FOR CUSTOMER SECURITY: REQUIRED INFORMATION BELOW WILL BE DESTROYED ONCE PAYMENT IS PROCESSED

TEEX CUSTOMER CARE

CUT AND SHRED

Credit Card Number: _____

Expiration Date: _____

CUT AND SHRED ALL BELOW