



ZEFFERT & ASSOCIATES Registration Form

Sponsored by:



4 Ways to REGISTER!

- ➔ Register and pay online at: www.zeffert.com
- ➔ Fax this completed form to: (314) 336-4841
- ➔ Email this form to: training@zeffert.com
- ➔ Mail this form and payment to: Zeffert & Associates
12101 Woodcrest Executive Dr, STE 180, St. Louis, MO
63141

1 Check your HOME Funds training choice(s):		
<input type="checkbox"/> The complete 1 day training and Online HCM-HFexam	\$315 per person	
<input type="checkbox"/> The complete 1 day training (no exam)	\$250 per person	

2 Training date:

3 Location city: Oklahoma City, Oklahoma

4 Attendee 1	*Email
Attendee 2	*Email
Attendee 3	*Email
Attendee 4	*Email

*A valid email address is required to ensure timely receipt of important event information, including test results

5 Organization and Site Name:

Street: _____ Suite/Apt: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

6 Please charge \$ _____ to my VISA MasterCard American Express
 Card # _____ Exp. Date _____ Sec. Code: _____
 Cardholder name: _____
 Billing Address: _____
 City: _____ State: _____
 Phone: _____ Fax: _____
 Email: _____

Refund Policy: Full Refund - At least 2 months prior to the session **Full Refund (less a \$50 administration fee)** - at least 45 days prior to session **No Refund** - Less than 1 month before session. Substitute personnel or credits toward future PUBLIC Zeffert & Associates trainings are allowed for up to 1 year. Private groups who sponsor training and handle their own registration may not accept credit for trainings for which Zeffert & Associates originally received payment. In rare instances, trainings may be canceled or rescheduled. Although a full refund of the registration fee will be made in such cases, Zeffert & Associates is not responsible for other costs incurred, such as non-refundable airline tickets. Payment must be received prior to class to guarantee seating. There will be a \$25 charge for all Returned Checks. To change or cancel a registration, call (866) 760-6000 and ask for the training department.

7 Signature of authorized payer (student or supervisor who approves training expenditures)

I have read and agree to be bound by the terms and conditions set forth on this registration form. In addition, I am authorized by the organization listed above to incur these charges on its behalf.

Signature