

# Stegall Marketing Institute

## CLASS REGISTRATION FORM USE THIS FORM IF YOU PAID BY PAYPAL

Email you used to make Payment:

<b>Class #</b>	<b>Class Date:</b>
Class Cost \$	

### STUDENT IDENTIFICATION NUMBERS:

Insurance #	Social Security #
Date of Birth:	

### STUDENT CONTACT INFORMATION:

First Name	Middle Name	Last Name
Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:
Email:		

### WHO DO YOU WORK FOR?

Company:		
Manager's Name		
Manager's Email		
Address:		
City:	State:	Zip
Phone:	Fax:	
Company Website:		

**IF YOU PAID BY PAYPAL, PLEASE FAX THIS FORM TO OUR OFFICE FOR PROCESSING TO ALLOW US TO MATCH UP YOUR PAYMENT WITH YOUR RECORDS.**

**PLEASE FAX TO 1-866-308-3830**

**We no longer offer REFUNDS!!!**