

# Stegall Marketing Institute

## CLASS REGISTRATION FORM

Class #	Class Date:
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 ARE PAYING ONLINE WITH PAYPAL OR WITH A CREDIT CARD YOU CAN FAX THIS FORM TO OUR OFFICE FOR PROCESSING. PLEASE FAX TO 1-866-308-3830**

### PAYMENT OPTIONS-CREDIT CARD (Processing Fee of \$10.00 for Credit Cards will be added)

Card Holder Name:			
Credit Card Number			
Expiration 00/00		Card Holder's Zip	
Type Card	Mastercard [ ]	Visa [ ]	Discover [ ] American Express [ ]
Holder's Signature			

### PAYMENT OPTIONS-CHECK

Check Enclosed [ ]	Amount of Check: \$
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Make Checks Payable to: **STEGALL**  
 Mail this form with your Check to: **P.O. Box 8424**  
**Shreveport, LA 71148**

### Cancellation Policy:

Written notice is required prior to 48 hours before class begins in order to receive a refund. An administrative fee of \$25.00 is charged for any cancellation. No Refunds after class begins! No phone calls or faxes accepted for cancellation.