

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: We no longer offer REFUNDS!