

Student Registration Form

PLEASE PRINT CLEARLY, WITH BLACK or BLUE INK

STUDENT INFORMATION

First Name _____ Middle Initial _____ Last Name (exactly as you want it to appear on your certificate) _____

Agency Name _____

Agency Mailing Address _____

City _____ State _____ Zip+4 _____

Email address (Required for Web Classes) _____ Would you like to be added to the Institute Listserv? Yes No

Agency Phone Number _____ Agency Fax Number _____

Are you a member of APCO? Yes No If yes, your membership number is: _____
(Membership will be verified in order to receive tuition discount.)

CLASS INFORMATION

Class Name (full name, please) _____ Class Number _____

Location (City and State) _____ Class Starting Date (Month and Day) _____

Class Tuition Price \$ _____ Discount Code _____

Online Class: add \$50 Distance Learning fee
Total Tuition Price \$ _____

METHOD OF PAYMENT (US FUNDS ONLY)

Check enclosed # _____
 Purchase order # _____ **COPY REQUIRED**
 VISA MasterCard Discover AMEX

Card # _____ Exp. Date _____

Card Holders Name: _____ 3 or 4 Digit Security Code: _____

Card Holders Address: _____

Signature: _____

Mail to: APCO Class Registration
351 N. Williamson Blvd.
Daytona Beach, FL 32114
OR
Fax to: 386-322-9766

Register now!

