

CCS REGISTRATION PAYMENT FORM FOR BRANDMAN U. COURSES

Please mail or fax to

Colorado Consulting Services

5320 E. Dakota Avenue Denver, CO 80246

FAX: 13038456989

Class Title: _____

Registration Date: _____

2 hour course = \$380 3 hour course = \$570

Important! *Before registering and paying for any CCS class, please be aware of our NO REFUND UNDER ANY CIRCUMSTANCE policy. Also understand that credit can be granted only once per specific class title. Please keep track of the CCS class titles you take!*

Have you ever taken the selected class before? Yes ____ No ____

Student Name: _____
 First *M.I.* *Last*

Birth Date: _____

Home Address: _____
Street

City *State* *Zip Code*

Phone: _____ Email: _____

Tuition Payment: \$_____ Make check payable to: **Colorado Consulting Services, Inc.**

CREDIT CARD COUPON

Name: _____ Phone #: _____

Method of Payment (circle one): VISA MASTERCARD DISCOVER CARD

[illegible]

Expiration Date (month/year): ____/____

Amount: \$ _____

Signature: _____ Date: _____