CCS REGISTRATION PAYMENT FORM FOR BRANDMAN U CLASSES

Please mail for fax to

COLORADO CONSULTING SERVICES

1200 ACOMA ST., UNIT #603, DENVER, CO 80204 **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

____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/

Expiration Date (month/year): _____/_____

Amount: $_____

Signature: _____ Date: _____