

2008 TRAINING REGISTRATION FORM

Name _____ Title _____

Company _____

Occupation Business Professional Consultant Counselor
 Educator Psychologist Other _____

Your MBTI® type preferences (optional) _____

Mailing Address Business Residence

Street _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____ Email _____

Please register me for the following Program(s)/Date(s)/Location(s):

1) _____

2) _____

Optional DVD The MBTI® Story \$14.95 (MBTI Qualifying Classes)

Choose a payment option:

Visa MasterCard American Express Discover

Account Number _____ Expiration Date _____

Cardholder Signature _____

Check enclosed \$ _____

Purchase Order Number _____

(Include copy of purchase order. P.O.s are not accepted after registration.)

I have read and agree to the rescheduling/cancellation policy below.

Signature _____

RESCHEDULING AND CANCELLATION POLICY

You may reschedule one time only at no additional charge, but you must notify the CAPT Training Department in writing 14 business days prior to the start of the program, providing the registration has been paid in full. If the registration has not been paid in full, then full payment is required before a date transfer can be made.

If you reschedule after the 14-day cutoff or have subsequent transfers, a fee of \$100 will be due immediately for each instance.

Cancellations must be received in writing 7 business days prior to the start of the program, and are subject to a \$200 administrative fee. (For one-day programs, the cancellation fee is \$100.)

Cancellations after the 7-day cutoff and no-shows will forfeit 50% of the tuition. Materials are not refundable.

Mail payment and this form to

Center for Applications of Psychological Type, Inc.
2815 NW 13th Street, Suite 401, Gainesville, FL 32609

Or fax to

352.378.0503