

AICHe / CCPS / SBE / IfS Registration Form

Be sure to complete all sections to ensure an accurate registration.

REGISTRATION INFORMATION

First Name	MI	Last Name		
Position/Title	Company/University			
Street				
City	State/Province	Country	ZIP/Postal Code	
Telephone	E-Mail			

COURSE SELECTION

Please fill in the location, date (if applicable) and price of the course you are registering for.

COURSE NO.	COURSE NAME	DATE	CITY	PRICE

PAYMENTS

FOR PAYMENT BY CHECK:

Return a copy of this form with a check made payable in U.S. dollars to "AICHe" to:
AICHe Customer Service, P.O. Box 4429, Danbury, CT 06813-4429 or fax to 203-775-5177

PAYMENT INFORMATION					
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	<input type="checkbox"/> Diners Club	<input type="checkbox"/> Check or Money Order (enclosed)
Cardholder's Name (Please Print)		Signature			
Card Number	Exp. date	Date			
Total Number of course(s) _____		TOTAL PAYMENT \$ _____			

REFUND POLICY

Substitutions: No penalty, simply call us at 1-800-242-4363 (1-203-702-7660 outside the U.S.) and let us know so we can have the badge ready for your substitute.

Transfers: Transfer to a future date with no penalty. However, transferring to a course and then cancelling will be subject to a \$200 administrative charge per course.

Cancellations:

All cancellations must be submitted in writing to customerservice@aiche.org

Cancellations made up to 21 business days prior to the start of the course: 100% refund

Cancellations made 20 to 6 business days prior to the start of the course: Complete refund less \$200 administrative charge

Cancellations 5 to 0 days prior to the start of the course: No Refund