STAAR Preparation Program Registration

Participant's Name:			Date:
Mailing Address:			
Grade Completed:		Attending:	
		e:	
Gender: Male Female Date of Birth:			
Emergency Contact Information			
Name:			
Phone Number:			
Subject Registering For		Price Breakdown	
1.		1 Subject	\$200.00
2.		2 Subjects	\$375.00
3.		3 Subjects	\$550.00
4.		4 Subjects	\$675.00
Total Course Registering:		Total	\$
Mothod of Daymont (class simila)		REFUND POLICY	
Method of Payment (please circle)			
MasterCard Visa Check Cash (exact amount) Once the registration form has been submitted to our office and processed, participants will receive an invoice with in- structions on how to complete the payment for the course (s). Once payment has been made, participants will receive notifi- cation via email that the registration process is complete. Pay- ment plans available for course costs.		 Refunds may be made under these conditions: A 100% refund will be made automatically if The Center for Continuing Education exercises its right to cancel a class or if a class is full at the time your registration is received. A class is canceled when there is insufficient enrollment. A 100% refund will be honored if requested 24 hrs prior to class beginning. 	
Participants will not be considered registered for the course (s) until both registration form and payment of invoice is processed. Fax To: (361) 593-2859		Refunds take up to 4 to 6 weeks to process. A check will be mailed to the party responsible for payment. Instructions: 1. Fill out this form 2. Submit for processing	
		3. Receive Invoice and	