

2010 Registration Form

ELECTRICAL LICENSE CE COURSE

4 hour class COURSE # 5536

INSTRUCTIONS: Please **LEGIBLY** and **COMPLETELY** fill in the following information. Form may be emailed to F.HERNANDEZ@CMEFHOUSTON.ORG , faxed to Francis Hernandez 281-478-6782

PAYMENT POLICY: ABC Member companies may include credit card information (**Visa or MasterCard or AmEx only**), authorize CMEF to invoice the company or mail a check for payment. ABC non- members or individuals are required to pay with Company Check, Credit Card or Cashier's Check. **No personal checks or cash will be accepted.**

CANCELLATION POLICY: ALL registrations are considered firm unless cancelled **24 hours** in advance of the scheduled program. Cancellations made within less than 24 hours and/or no-shows will be billed for the full cost of the class. Substitutions may be made up to the day of the program.

MINIMUM ENROLLMENT: CMEF may cancel a class due to low enrollment (enrollment minimums set per class). The contact listed on this form will be notified within 48 hours of a class cancellation. It is the responsibility of the listed contact to notify all employees s/he has registered for the class. CMEF will not be held liable for those registrants not notified by their internal contact. No company or individual will be billed for classes cancelled by CMEF and all pre-paid money will be returned.

Course Name: _____ **Course Date:** _____

Company: _____ **Company Contact:** _____

Mailing Address: _____ **City, State:** _____

Zip: _____ **Phone:** _____ **Fax:** _____

	Registrant Name (Last, First)	Texas Electrical License #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Payment Method (Please Check One)

_____ Invoice the Company

_____ Credit Card Type & # _____ Exp. Date ____/____

Billing Address _____

_____ Will bring money to office prior to class