



FIND YOUR ENTHOS 2-HOUR TRAINING

REGISTRATION FORM

Attendee Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

_____ Spoken Language Interpreter _____ ASL Interpreter _____ Other: _____

Explain: _____

Cost per training:

- MHMS IC Participants: \$40.00
- Non-MHMS Participants: \$50.00

Attending Training Date:

__ Sep 17th, 2016

Registration deadline: September 2nd, 2016

Payment Method

Please check appropriate box: Check # _____ (*Enclosed*) Money Order VISA MasterCard

Discover Expiration Date: _____ Card #: _____ CSC (Back of card) _____

Print Cardholder Name: _____ Online Payment: _____
(*Confirmation Number*)

- Check or Money Order must be payable to: **Mile High Multilingual Services, Inc.**
- There will be a \$20.00 fee charged on checks returned by the bank due to insufficient funds.

You can submit the registration form via:

Email to: info@mhmultilingualservices.com or Fax: 303-399-3600

Mail payment to:

**Mile High Multilingual Services
7100 E. Belleview Ave. Suite 111
Greenwood Village, CO 80111**

Cancellations/Changes and Refunds. Fees will be refunded, less a \$10.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than seven (7) business days before the 1st training date you are attending. After that date, **fees are non-refundable including no shows or late cancellations and cannot be applied to future classes.** All refunds will be processed after the training. *****Registrations will not be accepted without a signature**

Signature Accepting Terms

Date

www.mhmultilingualservices.com

303-333-7900 or (866) 264-5212 FAX: (303) 399-3600 info@mhmultilingualservices.com