

CISR Registration Form

IIABSC Seminar Education Registration Form (Registration Fee—\$167.00)

*Course: _____

Course Date: _____ Location: _____

Name: _____ Designations: _____

Badge Name: _____ DOB: _____

Required: NPN: _____

Agency/Company : _____

Agency Address: _____

Agency Phone: _____ Cell: _____ E-mail: _____

*First CISR Class: YES _____ NO _____ *I will be taking the exam: YES _____ NO _____
.....

**Remit Form and Payment TO:
IIABSC, 800 Gracern Road, Columbia, SC 29210
FAX: 803-726-0459
PHONE: (803) 731-9460**

METHOD of PAYMENT: Check # _____ MasterCard _____ Visa _____ Amount submitted: \$ _____

If paying by credit card, please complete the information below:

Card Number: CCVV code : _____ (go to ww.iiabsc.com/secure)

Credit Card Expiration Date: ____ / ____ / ____

Print Name of Cardholder: _____

Billing Address: _____

Signature of Cardholder: _____

DUPLICATE FORM AS NEEDED

PLEASE NOTE: Class size may be limited. Space in class is **NOT** reserved until **FULL** payment is received.
CANCELLATION POLICY: (Non-CIC): No refund for cancellation within 5 business days of a class. If changes are made within 30 days of a class, a \$30 processing fee will be charged. IIABSC gladly complies with Title III of the ADA.

Visit www.iiabsc.com – Education Link for more information on other courses and programs.