

**ReMedPar Technical Training Enrollment Form  
Contract/Cancellation Policy**

Name of Student: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Class Attending: \_\_\_\_\_ Date of Class: \_\_\_\_\_

This contract confirms the enrollee's commitment to attending this class. Should circumstances warrant the need to cancel this class, we agree to the following:

- ❖ **Two weeks advanced cancellation notice (preferred): 100% tuition refund.**
- ❖ **Less than two weeks in advanced cancellation: 50% tuition refund.**
- ❖ **Less than 48 hours advanced cancellation: No refund.**
- ❖ ***ReMedPar reserves the right to cancel/reschedule this class with two weeks notice to customer. All classes begin at 8:30 a.m. unless otherwise specified by the instructor.***
- ❖ ***Please note it is the responsibility of the student/customer to provide his/her own personal radiation monitoring badge***
- ❖ ***Student is responsible for lodging and car rental cost.***

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**Billing Address:**

Company: \_\_\_\_\_ Authorized by: \_\_\_\_\_

Attention: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Billing Contact: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Physical address if different from billing address:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_ ***Please retain a copy for your records  
Prepayment required for class attendance***

City, State, Zip: \_\_\_\_\_

**Prepayment is required for class attendance:**

Cost of Class \$ \_\_\_\_\_

**Purchase Order #** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**NOTE: Classes begin at 8:30 a.m. and end approximately at 5:00 p.m. Monday-Friday**

