



Registration Form



Lead Safe Renovator Training

Initial Refresher

Course Date: _____ Course Location: _____

Legal First Name	Legal Last Name	Middle Initial	Suffix (Jr./Sr.)	Birthdate	Email Address	Dwelling Contractor Qualifier License #	Phone #

Company: _____ Company Phone #: _____

Perferred Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Course FEES

Initial Course	Refresher Course	# of Students	Subtotal	Discount (Code _____)	Total
see website	see website				

Please list any Special Needs: _____

Cancellations/Changes and Refunds: Fees will be refunded, less a \$30.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than three business days prior to training class. After that date, fees are non-refundable. All refunds will be processed after the training session.

PAYMENT METHOD Check or Credit Card Payment form payable to: **Testudo LLC**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check VISA MasterCard Discover American Express Invoice

Card #: - - - Expiration Date: /

Verification Code (on back):

Billing Address: _____ City: _____ State: _____ Zip: _____

Print Cardholder Name: _____ Cardholder Signature: _____

Please mail completed registration form with payment to:
Phone: (608) 205-8025
Email: info@TestudoOnline.com

Testudo LLC
P.O. Box 3280
Madison, WI 53704

Do not email credit card information because security cannot be guaranteed. Please mail or telephone credit card information.

Office Use Only:

Invoice Date: ____/____/____ Payment Received: ____/____/____ Assoc: _____ MailChimp

Course Confirmation Sent: E-mailed: ____/____/____ Mailed: ____/____/____ Internet Referral DHS

Processed by _____ QB Returning Customer