



Office Use Only:
Date Received: _____
Payment: _____
Check #: _____

CLASS REGISTRATION FORM

Please print neatly.

First Name	
Last Name	
TCEQ License #/SSN	
Title	
Phone	
E-mail	
Representing	
Mailing Address	
City	
State	
Zip Code	
Student Signature	

Course Information:

Class Title	
Class Number	
Start Date	
End Date	
Location	

Complete and mail with payment to:

Hardin & Associates Consulting, LLC
5005 W. Royal Lane, Suite 170
Irving, Texas 75063
Office: 972-823-8800
Fax: 972-823-8802

Credit Card Type: _____
Credit Card Number: _____
Expiration Date: _____
Name on Card: _____
Billing Address: _____
Phone Number associated with card: _____
Code: _____

Payment must accompany registration. Please send payment to the above address. Payment for your class must be received within 1 week of the class date. If paying by credit card, please call the number above with credit card information.

<p>Registration and Cancellation Policy: Each student must complete a registration form. Payment may be made by check, money order, MasterCard or Visa. In the event a class is cancelled, all students will be given the option to reschedule or receive a full refund.</p>
