



COLLEGE OF MICROSCOPY

Course Registration Form

Registrant Information

First Name

Last Name

Title

Company Name

Address 1

Address 2

City

State/Province

Zip/Postal Code

E-Mail Address

Telephone #

Fax #

Course Information

Course #:

Course

Start Date

Course Fee

Payment Information

All payments in U.S. funds payable to College of Microscopy. Check or Credit Card Accepted.

Payment for above amount enclosed. Check No. _____

Purchase Order #: _____ Enclosed Faxed

Credit Card: Mastercard Visa AMEX

If you choose a credit card as your method on payment, a representative from the College will contact the billing contact below via telephone to complete the transaction.

Billing Contact

Telephone

Billing Address

Billing City

State

Zip

Cancellation Policy

All course cancellations must be dated, signed, and sent in writing via mail or fax to the College of Microscopy course registrar.

Confirmed student registrations cancelled 15 or more calendar days prior to the course start date, will receive a full tuition refund less a \$50 processing fee.

Confirmed student registrations cancelled 8 to 14 calendar days prior to the course start date will be held liable for the entire tuition fee with the option to transfer the payment for enrollment in another College of Microscopy training course. The entire tuition fee can also be transferred to another student from the same company (one-time transfer within one year of the originally scheduled course).

Confirmed student registrations cancelled 7 calendar days or less prior to the course start date are liable for the entire tuition fee without the opportunity to transfer the tuition fee for enrollment in another College of Microscopy course.

Confirmed registered students who are not present on the first day of the course will forfeit their enrollment, their entire tuition fee, and will not have the option to transfer the tuition fee for enrollment in another College of Microscopy course.

College of Microscopy reserves the right to change and/or cancel scheduled courses due to low registrations, or for any other reason, without financial obligation. In the event of a course cancellation, the College of Microscopy will notify all registered students at least 5 business days prior to the course start date.

Mail or Fax this form to:

Registrar

College of Microscopy

850 Pasquinelli Drive

Westmont, IL 60559-5539

Tel. 630-887-7100 • Fax 630-887-7412

www.collegeofmicroscopy.com

Signature

Your signature above authorizes payment for the courses written above and acknowledges your understanding of and agreement with the College of Microscopy cancellation policy.