

# AGC Education Foundation

*Developing and Promoting Construction Careers through Quality Education and Training*

CLASSES FOR PROFESSIONAL DEVELOPMENT IN THE CONSTRUCTION INDUSTRY

## Class Registration Form

Name: \_\_\_\_\_

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

Name(s) of Attendee(s):

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

Class Title: \_\_\_\_\_

Class Date & Location: \_\_\_\_\_

### Cancellation Policy

There is a \$25.00 cancellation fee for all class registrations. The customer has one week (5 business days) prior to the start date of the selected class to cancel the registration or transfer to another class. To clarify, if the class is on Tuesday, you must cancel by the Monday of the week before the class. The customer must replace the canceled registrant or forfeit the registration fee if cancellation occurs within one week of the class (5 business days or less). All funds must be paid before the first day of any given class in order to guarantee class placement, otherwise the class will be filled with wait-list participants.

*I agree to adhere to the cancellation policy as listed above.*

### Payment and Contact Information

*Please select one of the three payment options listed below (Check, PO, or Credit Card).*

Name: \_\_\_\_\_

Check # \_\_\_\_\_ PO # \_\_\_\_\_

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

Card Type: VISA  Master Card

Address: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please submit this registration form to Erica Peterson with a check, credit card, or PO number to guarantee your prompt registration in the specified class:*

**PHONE** (206) 284-4500 **FAX** (206) 284-4595 **EMAIL** [epeterson@agcwa.com](mailto:epeterson@agcwa.com)  
**MAIL** 1200 Westlake Avenue North, Suite 301 · Seattle, WA 98109