

## **PRSA Training Order Form**

Title: Organization: Address: State/Province: State/Province: Country: Email: Phone: Phone: Phone: Payment Price: \$0.00	Program:	Career Fitness	Product:	NP041212/REPLAY	
Title: Organization: Address: State/Province: State/Province: Country:	MyPRSA ID:				
Address: State/Province: State/Province: Country: Email: Phone: Phone: Phone: Phone: Payment Price: \$0.00	First Name:		Last Name:		
City: State/Province:  Postal Code: Country:  Email: Phone:  Fax: Member Price: \$0.00	Title:		Organization:		
Postal Code: Country:  Email: Phone:  Fax: Member Price: \$0.00	Address:				
Email: Phone:  Fax: Member Price: \$0.00  Nonmember Price: \$200.00  Coupon/Promotion Code:  Payment Method  Enclosed check, payable to PRSA  Credit Card:  American Express  Master Card  Visa  Card Number:  Expiration Date: /  Cardholder Name:	City:		State/Province:		
Fax:  Member Price: \$0.00 Nonmember Price: \$200.00  Coupon/Promotion Code:  Payment Method  Enclosed check, payable to PRSA  Credit Card: American Express Master Card Visa  Card Number:  Expiration Date: /  Cardholder Name:	Postal Code:		Country:		
Member Price: \$0.00 Nonmember Price: \$200.00  Coupon/Promotion Code:  Payment Method  Enclosed check, payable to PRSA  Credit Card: American Express Master Card Visa  Card Number:  Expiration Date: /  Cardholder Name:	Email:		Phone:		
Coupon/Promotion Code:  Payment Method  Enclosed check, payable to PRSA  Credit Card: American Express Master Card Visa  Card Number:  Expiration Date: /  Cardholder Name:	Fax:				
Payment Method  Enclosed check, payable to PRSA  Credit Card: American Express Master Card Visa  Card Number: Expiration Date: /  Cardholder Name:	Member Price: \$0.00 Nonmember Price: \$200.00				
Payment Method  Enclosed check, payable to PRSA  Credit Card: American Express Master Card Visa  Card Number: Expiration Date: /  Cardholder Name:	Coupon/Promotion Code:				
Credit Card: American Express Master Card Visa  Card Number:  Expiration Date: /  Cardholder Name:	Payment Method				
Card Number:  Expiration Date: /  Cardholder Name:	Enclosed check, payable to PRSA				
Expiration Date: /  Cardholder Name:	Credit Card:	American Express	Master Card	Visa	
Cardholder Name:	Card Numbe	r:			
	Expiration Da	ate:/			
Signature:	Cardholder N	lame:			
	Signature:				

If paying by check, mail this form with your payment to: PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003 If paying by credit card, fax this form to: (212) 460-5460

No event registrations will be processed without proper payment.

## **Cancellation Policy**

Cancellations must be in writing and sent by mail to PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003, or faxed to (212) 460-5460. Cancellations are subject to a \$25 cancellation fee. There are no refunds once you receive your registration confirmation.