PRSA Training Order Form

Program:	Career Fitness	Product:	NP041212/REPLAY
MyPRSA ID:	_____		
First Name:	_____	Last Name:	_____
Title:	_____	Organization:	_____
Address:	_____		
City:	_____	State/Province:	_____
Postal Code:	_____	Country:	_____
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: _____

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.