



AGC Education Foundation

Developing and Promoting Construction Careers through Quality Education and Training

CLASSES FOR PROFESSIONAL DEVELOPMENT IN THE CONSTRUCTION INDUSTRY

Class Registration Form

Contact Name: _____

Company Name: _____

Name(s) of Attendee(s): *(For Construction Quality Management classes include M.I.)*

Attendee Email Address (or contact email)

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

Class Title: _____

Class Date & Location: _____

Cancellation Policy

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 preceding week by 5pm. 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. (Required)

Payment Information

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

Check here if you would like to be invoiced

Accounts Payable Contact: _____

PO # (if applicable) _____

Company: _____

Card Type: VISA Master Card

Address: _____

Cardholder Name: _____

City: _____ State: _____ ZIP: _____

Card Number: _____

Phone: _____ FAX: _____

Expiration Date: _____ Security Code: _____

Contact E-Mail: _____

Signature: _____

Please submit this registration form to Dan Morris 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** dmorris@agcwa.com
MAIL 1200 Westlake Avenue North, Suite 301 · Seattle, WA 98109