

BETHLEHEM AVTS

CONTINUING EDUCATION DEPARTMENT

3300 Chester Avenue, Bethlehem, PA 18020-2870 • 610-866-8013, Extension 119 or 111 • Fax 610-866-5978 • tottj@bavts.org

- TO REGISTER:**
1. Complete this form. Mail, fax or bring to BAVTS with fees. Pay by cash, personal check (payable to BAVTS), VISA, or Master Card.
 2. Enrollment will be on a "first come, first served" basis.
 3. Textbook information may be found on our website, www.bethlehemavts.com.

Date _____ Social Security # _____ - _____ - _____ Date of Birth _____

Name (last) _____ (first) _____ (full middle) _____

Street, Rd# or Box _____ Home Phone _____

City _____ State _____ Zip _____ - _____ Cell Phone _____

Email Address _____ Work Phone _____

Course Name	Day	Start Date	Tuition	Material Fee	Total

METHOD OF PAYMENT (Please check one)

Cash **TOTAL:** _____

Check / MO # _____

Payment Plan Agreement # _____

VISA Account #: _____ - _____ - _____ - _____ Exp. Date: _____ V-Code: _____

Master Card Cardholder's Name (please print): _____
Cardholder's Signature: _____
Approval # _____ Ref No. _____ Date _____

Bill Employer Company _____
Address _____
Phone _____ Contact _____

REFUND POLICY

General: Registrants who withdraw from a course 10 business days prior to the first scheduled class will receive a refund of tuition and any material fees less a \$20 processing fee. Persons requesting withdrawal *after* the 10 day time period will be refunded tuition fees only (material fees will not be returned) less a \$20 processing fee. There will be no refunds once the second class begins. This general refund policy is standard procedure with the exceptions listed below.

Payment Plan: All payment plans require a 10% NON-REFUNDABLE deposit. Students who choose to withdraw from classes may receive a refund, however, the 10% deposit WILL NOT be refunded. The standard \$20 processing fee will also be assessed. Students are responsible for all payments once classes begin.

Refund Due to Hardship: Given adequate documentation, refunds or release from payment plan obligations may be granted due to medical, economic or other hardship. The dollar amount of a refund requested due to hardship after a course is underway will be prorated based on completed course time to date. The quality and/or quantity of supporting documentation necessary for any exceptions are determined on a case-by-case basis and are approved at the sole discretion of the Continuing Education Department Supervisor. In all hardship cases, the standard \$20 processing fee applies.

Course Cancellation: Individual courses and/or certificate programs will be canceled if there is insufficient enrollment. When a course cancellation occurs, all student monies will be refunded and processing fees will NOT be charged. Registrants will be notified by phone as soon as a course is canceled.

I acknowledge that I have received a copy of the Refund Policy and have read and understand all the information present on this form.

Signature _____

RFND _____