

IER TRAINING/SEMINAR/WORKSHOP OPPORTUNITIES ENROLLMENT FORM

Please type or print: Thank You

MAIL: **IER** 14115 Stilton Drive, Tampa, Fl. 33626
PHONE: (813)289-6518 FAX (813)287-5757 EMAIL: Info@IERonline.com

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

Authorized by: _____ Title: _____

(print name) _____ Date: _____

Confirmation, invoice and reminders will be sent to the authorizing name unless otherwise noted.

PARTICIPANT	CLASS NAME	DATE	FEE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL: \$ _____

Please duplicate this sheet for additional participants

Method of Payment _____ **IER** Federal ID # 59-2589950

Check Enclosed PAYABLE TO **INTEGRATED EMPLOYER RESOURCES**

PLEASE BILL COMPANY _____

NAME _____

* For credit card payments please contact the **IER** offices directly.
Invoices can be paid online at www.IERonline.com

CANCELLATION AND NOSHOW POLICY.: A full refund will be given for cancellations prior to four working days before the scheduled program. A fee of 50% of the program fee will be assessed after this date. Registrants canceling less than 48 hours prior to the program will be charged the full amount. The entire fee will apply to No Shows. Substitutions are welcome any time.