

AIB Online Courses Student Registration Form

First Name _____ Last Name _____
Social Security Number _____
Title _____ Company _____
Address _____
City/State/Zip _____
Phone Number _____ Fax Number _____
E-Mail _____

You have my permission to send my grade for this course to my Local ABA Training Provider and/or my supervisor. _____ Yes _____ No

Billing Information Check here if your billing address is the same as above.

First Name _____ Last Name _____
Affiliation _____
Address _____
City/State/Zip _____
Phone Number _____ Fax Number _____
E-Mail _____

Please refer to the list of courses to obtain the information needed to fill in this section.

_____ ABA Member _____ ABA Marketing Network Member _____ Service Member
_____ Non-Member

Course Title	Catalog #	Price \$	Start Date
1.			
2.			
3.			
4.			

Payment Information

_____ Check enclosed _____ Please bill (If my bank is paying, I have secured any necessary authorization) Purchase Order Number _____
_____ Visa _____ MasterCard _____ Discover

Card # _____ Exp _____
Date _____ Signature _____

Refunds will be made (less \$100 cancellation fee for 16-week courses and \$50 cancellation fee for less than 16-week courses) if received within 12 business days of start of course.

For more information and to register:

- o Contact your Local ABA Training Provider, **Eastern Oklahoma State College at 918.302.3617**
- o E-mail: ssmith@eosc.edu