

REGISTRATION FORM

Print clearly. Photocopy as necessary to add participants.

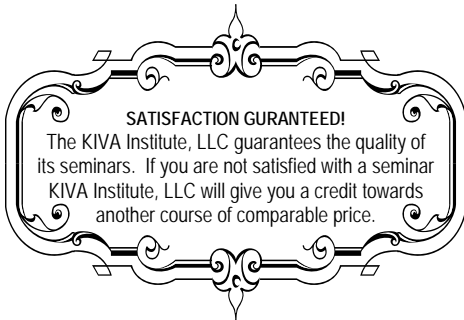
- By Phone:** Call 1-866-202-KIVA (5482), Monday—Friday 8:30 a.m. to 4:30 p.m. MST.
By Fax: Complete the registration form and fax to 1-928-480-6244 during the hours noted above.
By Mail: Return the registration form to the address below.
Online: Register at www.kivainstitute.com

REGISTER NO LATER THAN TEN (10) BUSINESS DAYS PRIOR TO START OF SESSION TO AVOID A \$25.00 LATE FEE. LATE REGISTRATION MUST BE CONFIRMED IN WRITING BY KIVA INSTITUTE, LLC.

CLASS HOURS / CERTIFICATES: Classes are held 9:00 a.m. to 4:00 p.m. unless otherwise noted. Upon completion of the training session each attendee will receive a certificate suitable for framing.

SUBSTITUTIONS AND CANCELLATIONS: Participant substitutions may be made at any time. Cancellations will incur a \$25 processing fee and must be confirmed by The KIVA Institute, LLC **at least 7 business days before the start of the class.** Cancellations occurring less than 7 days from the start date will be charged full price, training materials will be mailed and access to reference material and follow-up support will be provided; you will be given an opportunity to a future session at no additional cost. Should The KIVA Institute, LLC cancel for any reason, you will receive a full tuition credit or refund. **The KIVA Institute, LLC is not responsible for non-refundable airline tickets and other expenses.**

Attendee 1: Name, Title & Department	Name of Organization
Attendee 2: Name, Title & Department	Mailing Address
Attendee 3: Name, Title & Department	City / State / Zip Code
Attendee 4: Name, Title & Department	Registration Contact Name / Title
Attendee 5: Name, Title & Department	Contact Phone / Fax / E-mail address



KIVA Institute, LLC

P.O. Box 30070
Mesa, AZ 85275
Tele: 866.202.KIVA
Fax: 480.284.6244



Please process registration for the class (title) “ _____ ”

being held on: MM / DD / YYYY at City / State

Tuition Calculation: **Call or visit our web site for tuition rates.**

	Subtotal
\$ _____ per person x _____ # attending =	\$ _____
<input type="checkbox"/> PROMOTIONAL discount; provide code: _____ (Subtotal) x _____ % discount =	- \$ _____
	TOTAL DUE: \$ _____

Method of Payment

- Check # _____ Due at start of session. Purchase Order # _____ Net 15 days from session start.
 Credit Card: ___ Visa ___ MC ___ AMEX Credit Card # _____

Billing Address	Exp. date	Cardholder Name
City, State, Zip	VVP Code	Cardholder Signature