



SCHOOL OF AUCTIONEERING

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ENROLLMENT FORM

Full Name _____

First Name for Name Tag _____

Street Address _____

City _____ State/Province _____ Zip _____

Home Phone () _____ Mobile Phone () _____

Work Phone () _____ Fax Number () _____

E-mail Address _____

Occupation _____

Enroll me for the following 2010 class session:

- April 12 - 24
 October 4 - 16
 Other _____
 July 26 - August 7
 November 29 - December 11

Please check your payment option:

- Enclosed is my payment of \$1,295.
 (Includes non-refundable \$100 deposit)
 Enclosed is my non-refundable \$100 deposit.
(Balance of \$1,195 is due the first day of class.)

Method of payment: Check Money Order Visa Master Card

Credit Card Billing Information

Account Number _____		Expiration _____	
Signature _____			
Credit Card Billing Address _____	City _____	State _____	Zip _____
(If different than address above)			