



**Solutions Northwest, Inc.**

Specializing in Stay-at-Work Systems

## Train-the-Evaluator Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Degree \_\_\_\_\_

Number of Attendees \_\_\_\_\_

Dates of Attendance:

February 16th-18th

June 22nd-24th

October 19th-21st

How did you find us? \_\_\_\_\_

### Payment Options

Check:

Please make checks payable to  
Solutions Northwest, Inc.  
120 State Ave, NE #397  
Olympia, WA 98501

Credit Card:

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Type of Card:  Master Card  Visa  Discover

Billing Address: \_\_\_\_\_

### Submit This Form by:

Fax: (360) 866-4773

Mail:

Solutions Northwest, Inc.  
120 State Ave, NE #397  
Olympia, WA 98501

Full payment must be received no later than 10 business days before the 1st day of class. Late registration is an exception. Credit card payments will not be processed until the 10 days prior to the 1st day of class.

### Cancellation Policy

Cancellation notification must be received 10 or more business days prior to the 1st day of class to secure a full refund. If notification is received in less than 10 but more than 5 business days before the 1st day of class a cancellation or rescheduling fee of 50% of the original amount will be assessed. Full payment is required if cancellation or reschedule change is requested within 5 business days of the 1st day of class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_