

PALS Registration Form  
November 16, 2019



Tips for Registration:

If registering for more than one person, this can be done online. Complete one form for each center add staff under "Attending Staff", if you need additional space use back of this form. Please print legibly and make additional copies of this form as needed. Visit [www.palsotclinic.com](http://www.palsotclinic.com) under "Columbus Training" to register online. We will be unable to offer refunds or credit if you are unable to attend. You may send a substitute (just let us know). There is no onsite registration available, once spaces are filled you will no longer be able to register for class online and if you mailed registration and payment, we will contact you and return payment. If you have questions or would like to check on available spaces give us call at 979-942-0225 (Mindy) or 979-732-7021 (Vickie).

Name of Program/Center: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Attending Staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration Fee: Now- Noember13, 2019**

**\*\*\*Get 10% off when you register 10 or more\*\*\***

# attending \_\_\_\_\_ x \$35 = \$ \_\_\_\_\_

**\*\*\*See back for additional information\*\*\***

**\*\*Please contact PALS if you would like to know if space is available\*\***

**Payment Method:**

\_\_\_\_\_ Check Enclosed      \_\_\_\_\_ Money Order Enclosed

\_\_\_\_\_ Credit Card (circle one)      Visa or Mastercard

**(Credit Card Payment can be done online)**

**Name on Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVC #:** \_\_\_\_\_

**Cardholder Billing Address:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Please sign below, by signing below you allow PALS to charge a one time payment to the credit card that you provided us on this form. If you have question about the charge please contact PALS at 979-732-7021.**

X \_\_\_\_\_

**If mailing your payment please put "Columbus" in the memo of the check. All checks made payable to PALS and mail to: PALS  
P.O. Box 913  
Columbus, TX 78934**



Additional Space to Add Attendees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:**

**If you need any accommodations please contact us by phone or email to make arrangements.**