CUSACK CENTER
FOR PROFESSIONAL DEVELOPMENT
w w w . c u s a c k c e n t e r . c o m

Telephone: 716.683.4080 Fax: 716.276.8028

COURSE TUITIONS** ARE REFUNDABLE MINUS A 5% SERVICE FEE PROVIDED THE STUDENT NOTIFIES THE CUSACK CENTER OF CANCELLATION BY 5:00 PM ON THE DAY PRECEDING THE FIRST CLASS SESSION. NOTICE MUST BE IN WRITING BY FAX 716.276.8028 OR EMAIL info@cusackcenter.com. CANCELLATIONS RECEIVED AFTER 5:00 PM ON THE DAY PRECEDING THE FIRST CLASS SESSION UP UNTIL CONCLUSION OF INSTRUCTION WILL RECEIVE A LETTER OF CREDIT VALID FOR SIX MONTHS FROM ORIGINAL COURSE CANELLATION DATE. NO-SHOWS WILL FORFEIT ALL TUITIONS.

REGISTRATION FORM

NAME: _____
Last Full First Name Middle Initial

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE **[Res]*** _____ [Cell] _____ [Office] _____

E-Mail: _____

OFFICE/SPONSOR: _____

OFFICE ADDRESS: _____

1. Course Title: _____
   Date Course Begins: _____ Daytime ☐ Evening ☐
   Course Fee: $ _____ Includes Text: Yes ☐ No ☐
2. Course Title: _____
   Date Course Begins: _____ Daytime ☐ Evening ☐
   Course Fee: $ _____ Includes Text: Yes ☐ No ☐
3. Course Title: _____
   Date Course Begins: _____ Daytime ☐ Evening ☐
   Course Fee: $ _____ Includes Text: Yes ☐ No ☐
4. Course Title: _____
   Date Course Begins: _____ Daytime ☐ Evening ☐
   Course Fee: $ _____ Includes Text: Yes ☐ No ☐

☐ I am taking course(s) for Real Estate Continuing Education
License Exp. Date _____

☐ I am taking course(s) for Appraisal Continuing Education
License Exp. Date _____

☐ I am taking course(s) for Home Inspection Continuing Education
License Exp. Date _____

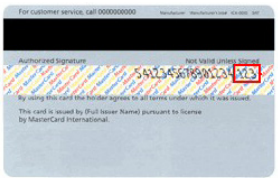
Mastercard ☐ Visa ☐ Debit ☐ Discover ☐ Check Enclosed ☐ Money Order Enclosed ☐

_____ $ _____
Cardholder's Name (as appears on card) Amount Enclosed or Authorized

_____ _____
Card # Card Expiration Date

_____ _____
Card Billing Address (if different from above) CVV2 Code (Required)
3 Digit code on the back of Visa MasterCard or Discover

_____
City State Zip



SIGNATURE: _____
Cardholder's Signature Required For All Charges

PLEASE REMIT REGISTRATION & PAYMENT TO:
Cusack Center For Professional Development
5500 Main Street Suite #104
Williamsville, NY 14221

Revised 06/14

***Home or cell telephone number required for purposes of weather or emergency cancellations.**