

# REGISTRATION INFORMATION

## CANCELLATION POLICY

### WORKSHOP CANCELLATION

If the Lead Experts (Pbx) deems that registration for any workshop is insufficient, Pbx reserves the right to cancel the workshop. If a workshop is canceled, the registrant has the option to receive a full refund for all workshop fees paid to Pbx or to reschedule in a future workshop.

### RESERVATION CANCELLATION

Cancellation of a workshop by a registrant will be subject to the following:

\*Cancellation at least 7 days before the first day of the workshop will entitle the registrant to a full refund of all paid workshop fees.

\*Cancellation 7 days or less, but before the first day of the workshop will result in a refund of all paid workshop fees less a 50% penalty.

\*Cancellation on or after the first day of the workshop, will result in no refund.

*\*Cancellation penalties can be avoided by rescheduling in a future workshop.*

## TO REGISTER:

**BY PHONE:** 1-800-259-8930 or 440-266-0403

**WEBSITE:** Sign-up at [www.leadexperts.org](http://www.leadexperts.org)

**BY FAX:** FAX completed form to **440-266-0413**.

**E-MAIL:** [info@leadexperts.org](mailto:info@leadexperts.org)

**FEES:** Major Credit Cards, Checks payable to: Lead Experts

***Payment is Due: 1 week prior to first date of class unless alternate arrangements have been made with the office.***

### QUANTITY DISCOUNTS

5 to 10 Trainees enrolled within 5 month period... 5% Discount

11+ Trainees enrolled within 5 month period..... 10% Discount

***If you have any special needs or need reasonable accommodations, please contact us immediately.***

***YOUR ENROLLMENT IS NOT FINALIZED UNTIL YOU RECEIVE AN EMAIL CONFIRMING WE HAVE RECEIVED AND PROCESSED YOUR PAPERWORK!!!***

ATTENDEE NAME / PHONE NO.	COURSE TITLE	CLASS DATE	FEE	AMT. ENCLOSED
			\$	\$
			\$	\$
			\$	\$

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

**Method of Payment:** Purchase Order No. \_\_\_\_\_

Check Enclosed \_\_\_\_\_ Check No. \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

**LEAD EXPERTS, P.O. Box 1390, Mentor, OH 44061-1390**

**[Info@LeadExperts.org](mailto:Info@LeadExperts.org) / 440.266.0403 / [www.leadexperts.org](http://www.leadexperts.org)**