**OPEN ENROLLMENT – Standard Stepping Stones Extension**

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| --- | --- |
| NAME: |  |
| COMPANY: |  |
| ADDRESS: |  |
| CITY, ST ZIP: |  |
| PHONE: |  |
| EMAIL: |  |

RESOURCES WILL BE MAILED TO THE ADDRESS ABOVE UNLESS YOU SPECIFY A DIFFERENT ADDRESS HERE:

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDRESS:** |  | | |
| **CITY, ST ZIP** |  | **Phone:** |  |

**ALL TRAININGS WILL BE HELD IN THE CENTRAL TIME ZONE**

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|  | **Stepping Stones** | **Training** | **Accreditation** | **COST** |
|  | Level 4 Standard Stepping Stones EXTENSION | August 21, 2020 | Quiz Only | $1,165.00 |
| ***You must be accredited in Level 4 Standard in order to take this course*** | | | | |

**REFUND AND CANCELLATION POLICY:**

All Refund and Cancellation requests must be made in writing. Please contact the Training Coordinator at [kristin.patterson@triplep.net](mailto:kristin.patterson@triplep.net) .

In case of a cancellation on behalf of the registrant, on or before one week prior to first day of training registration costs an administrative fee of $250.00 will be charged.

In case of a cancellation on behalf of the registrant, 6 or fewer days before training registration costs an administration fee of $500.00 will be charged.

Cancellations received two days or less prior to training, or registrants who do not show up at training will be charged the full registration fees.

Registrants who leave training prior to completion are not eligible for refund of any part of registration fees.

If you cancel your enrollment on or after your start date there will be no refund.

Triple P reserves the right to cancel this training no later than two weeks prior to the training date if registration numbers are too low to hold an effective training. If cancellation on behalf of Triple P occurs, all registration fees will be returned to the registrant.

TPI reserves the right to change its fees and conditions, cancel or defer courses, and to alter course timetables and class locations at any time without notice.

Payment Details - **Registrations cannot be accepted, processed or confirmed without accounts payable information filled in regardless of payment method provided.**

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| AGENCY NAME: |  | | | |
| AP CONTACT NAME: |  | | | |
| ADDRESS: |  | | | |
| CITY, ST ZIP: |  | | | |
| PHONE: |  | | | |
| EMAIL: |  | | | |
| **Choose Payment Method Below** | | | | |
| Invoice for: |  | We will mail Check: |  | |
| Send PayPal Link |  | Credit Card |  | ENTER INFORMATION BELOW |
| Credit Card Name: |  | Phone Number |  | |

**Disclosure of Disability.**

If the registrant has a disability which might affect participation in the training and accreditation or work as a practitioner please provide details below. The disability could include, but not be limited to, loss of sight (not corrected by glasses or contact lenses), loss of hearing (not corrected by a hearing aid), or speech difficulties. Timely notification will enable Triple P America to ensure that, if possible, provision for the accommodation of the course participant is provided for adequately. Triple P America may contact you further to discuss.

Details:

**Please email completed registration form to** [**kristin@triplep.net**](mailto:kristin@triplep.net)

**Attn: Kristin Patterson, Training Coordinator – Triple P America - Mail:** 1201 Lincoln Street, Suite 201 Columbia, SC 29201