

# The Betty and Leonard Phillips Deaf Action Center

601 Jordan Street, Shreveport, LA 71101-4748 (318-425-7781)

## Registration Form

**Print and mail with payment or Fax to: 318-226-1299**

Name:		By what name do you want to be called?	
Address:			
City:		State:	Zip + 4:
Work Phone:	Home Phone:	Cell Phone:	
E-mail:			
Employer:			
RID Member No.:		Certifications:	
Workshop Title:			
Workshop Presenter(s):			
Starting Date:		Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Ending Date:		Name on Credit Card:	Expiration Date:
Activity Code:		Billing Zip code:	CVC Code on back:
<b>IF KNOWN</b>			
<b>REFUND POLICY:</b> <ul style="list-style-type: none"> <li>Participants cancelling more than ten (10) working days prior to the first day of training will receive a 50% refund.</li> <li>Cancellations with ten (10) or less days notice will <b>not</b> receive a refund.</li> </ul>			