



Record Storage University Registration Form

Company: _____

Name: _____

Address: _____

Work Phone: _____ Mobile Phone: _____

Email: _____




Class Session Dates Requested: **enter class dates:** _____

Fax registration to: Patty Huber 904-268-8212

PDF form can be filled out and emailed phuber263@msn.com

Fee: \$1895 first student \$1595 each additional student

Method of Payment

Check	Credit Card	
Please make check payable to: <u>Spinney & Associates, LLC</u>	<div style="text-align: center;">    </div> Please check box: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount \$ _____	
Mail Registration and payment to: Patty Huber Spinney & Huber LLC 11537 Sedgemoore Dr N Jacksonville, FL 32223 Please call Patty at 904.268.8212 to provide verbal credit card information, if desired. <i>Please complete and mail a form for each attendee.</i>	<i>Name on Credit Card</i>	
	<i>Credit Card Number</i>	
	<i>Expiration Date</i>	
	<i>CCV #</i>	
	<i>Billing Address</i>	
	<i>Billing Zip Code</i>	
	<i>Signature</i>	

Cancellation Policy

Cancellations received 72 hours or more before the start of a class will receive a full refund minus \$100.00 administration fee.