

PUBLIC REGISTRATION FORM FOR THE SABHRS TRAINING PROGRAM



Directions for completing the form:

1. Print this form. 2. Return completed form with full payment for all classes to:

**SABHRS Services Bureau/AFSD
SABHRS Training Program
P.O. Box 200102
Helena, MT 59620-0102**

Total Amount Enclosed: \$

Method of Payment (select one):

Cash Check Money Order Credit Card Card Number: _____ Exp. Date: ____/____

PLEASE NOTE: Full payment must accompany registration form in order to enroll.

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

TELEPHONE: _____ EMAIL ADDRESS: _____ POSTAL CODE: _____

ADDRESS: _____ CITY: _____ STATE: _____

Register for as many courses as you would like to take.

(If you need more rows, highlight and copy a blank row, place your cursor where you want the new row and paste. You can continue to paste until you have enough rows for the courses for which you wish to register.)

COURSE ID: _____ SESSION #: _____ COURSE NAME: _____ COST: _____

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TOTAL FOR ALL COURSES REQUESTED:

**IMPORTANT: Enrollment forms submitted without full payment for all courses requested will be rejected.
Confirmation will be provided when enrollment has been accepted.**

Student Cancellation Policy: Individuals who cannot attend a class for which they are enrolled must provide a cancellation notice to the SABHRS Services Bureau at least 24 hours in advance of the class start time. Notice is provided via email, mail or a telephone call to 444-5700. **NO refunds** will be allowed, however, the fees may be applied toward future classes.