



Concise-Affordable-Adaptable-Customized-Guaranteed
CULTURElink 360 is a service of All World Languages & Cultures, Inc.

REGISTRATION FORM

Please complete this form and fax it to 816-795-7811 or mail at the address below.

<i>For Administration Only.</i>	
Project #: _____	Date: _____
ASSN: _____	

Organization: _____

Contact Person: _____ Title: _____

Address: _____ City: _____ State/Zip: _____

Telephone: (_____) _____ Email: _____ Fax: (_____) _____

Address of Training Site: (Check if same as above) + Room #: _____ City: _____ State/Zip: _____

COURSE SELECTION

COURSE #	COURSE DESCRIPTION	DATE	TIME	# PAR'PTs	FEES
			Beg: _____ End: _____	_____ Add'l: ____	Hours: _____ Fees: \$ _____
			Beg: _____ End: _____	_____ Add'l: ____	Hours: _____ Fees: \$ _____
			Beg: _____ End: _____	_____ Add'l: ____	Hours: _____ Fees: \$ _____
			Beg: _____ End: _____	_____ Add: ____	Hours: _____ Fees: \$ _____
			Beg: _____ End: _____	_____ Add'l: ____	Hours: _____ Fees: \$ _____
			Beg: _____ End: _____	_____ Add'l: ____	Hours: _____ Fees: \$ _____
			Beg: _____ End: _____	_____ Add'l: ____	Hours: _____ Fees: \$ _____
					TOTAL HOURS REQUESTED _____ Hrs.
					TOTAL NUMBER OF ADDITIONAL PARTICIPANTS X \$ _____/PARTICIPANT \$ _____
					TOTAL FEES \$ _____
					EXPENSES (when Applicable) or <input type="checkbox"/> To Be Determined
					OTHER EXPENSES (Specify): _____
					DISCOUNT (Specify): _____
					TOTAL DUE _____

PAYMENT OPTIONS

Total Amount: \$ _____ Check Enclosed (**Payable to All World Languages & Cultures, Inc.**).

Bill my organization. Purchase Order #: _____ Please attach completed registration AND signed Purchase Order.

Credit Card: _Visa_MC_AMEX_DISC: _____ Exp. Date: ___/___ Customer. Code: _____

Billing Address: _____ City: _____ State/ZIP: _____

Signature: _____ Today's Date: _____