

# Supervisory Training Program

## Registration and Contract



### Step 1: Contact Information

Company: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Participant 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ IICRC: \_\_\_\_\_  
Email: \_\_\_\_\_ Manager: \_\_\_\_\_  
Participant 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ IICRC: \_\_\_\_\_  
Email: \_\_\_\_\_ Manager: \_\_\_\_\_

### Step 2: Payment Options

 We offer two options for payment of this course

- Option 1 – I will pay the full tuition of \$2,495 for the first participant and \$1,995 for each additional participant from the same company with my registration.
- Option 2 – For the first participant, I will pay \$495 with my registration and 5 monthly payments of \$400 each, for a total of \$2,495.

For each additional participant from the same company, I will pay \$495 with my registration and 5 monthly payments of \$300 each, for a total of \$1,995.

### Step 3: Method of Payment

 Select one of the following payment methods.

#### 1. Check Made Payable to: *Violand Management Associates*

#### 2. Credit Card:

 Amount: \$ \_\_\_\_\_  Visa  MasterCard  Discover  AmEx

Name on Card: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_\_  
Signature: \_\_\_\_\_ 3- or 4-digit Security Code: \_\_\_\_\_  
Address where statement is received: \_\_\_\_\_

#### 3. Automatic Withdrawal from:

 Checking  Savings Amount of Withdrawal \$ \_\_\_\_\_

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
9-digit Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Program Costs and Payment Options

The cost of the program is \$2,495 for the first participant and \$1,995 for each additional participant from the same company. Payment options are explained on the registration form.

### Withdrawal and Refund Policy

Once you commit to the Supervisory Training Program by submitting your completed registration, you are effectively reserving a seat in the class for the entire six-month program cycle. The goal of the program is to operate with all seats occupied. If you withdraw from the program (or fail to show for remaining classes) anytime during the six-month cycle, **your seat will remain open and will not be resold.**

Because the program requires substantial participation and because the other members of the course are counting on each member's input and participation, we have adopted a more stringent refund policy. All payments received by Violand Management Associates to cover the cost of your enrollment in the program are subject to this policy.

**There will be no refunds of payments for classes that have already taken place.**

If payments have already been made for future classes and you wish to cancel, you will be refunded 50% of payments made for unused classes. If you wish to cancel your enrollment before the session begins, you will receive 75% of all payments made, minus a \$250 administrative fee.

If you decide to cancel your registration, you must mail your written request to Violand Management Associates, 7026 Mears Gate Dr NW, North Canton, Ohio 44720, or email it to the Program Instructor, Scott Tackett (stackett@violand.com).

### Registration Deadline and Enrollment Limit

Your completed registration form must be received by Violand Management Associates to enroll in the course. Spaces are subject to availability as the course size is limited to a maximum of twelve (12) participants. Email registration to office@violand.com or mail to Violand Management Associates, 7026 Mears Gate Drive NW, North Canton, OH 44720.

### Missed Class Policy

It is vital that you attend all program classes. With a program delivered in a format where classroom instruction is highly time-concentrated, missing a class can create a hardship on your progress in the program. Should you miss all or part of a class, we ask that you watch the webinar recording of the class in its entirety and may ask you to complete an additional assignment covering the subject matter you missed. These additional assignments, in total, could extend the duration of your time in the program.

**I have read and agree to the above terms of the Supervisory Training Program.  
By signing below, I acknowledge these terms and will adhere to them to the best of my ability:**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_