

**Teen Image Development Workshop
July 12 – July 16, 2010
Enrollment Form**

Parent's Name _____
 Teen's Name _____ Nick Name _____ Age ____
 Mailing Address _____ ZipCode _____
 Telephone (Area Code) _____ FAX # _____
 Email Address _____

I understand that the \$1,295.00 tuition will secure a space in the program. If the participants must postpone/cancel attendance, the participant may receive the tuition, minus a \$50.00(US) non-refundable administrative fee. Postponements/cancellation must be in writing 21 days prior to the program or attendees are liable for the entire fee.

Cancellation- This program requires a minimum number of participants. If due to a lack of participants, the Program is cancelled by the providers, a full refund will be given to all paid participants, within 30 days of scheduled start date.

Signature _____

Dietary needs: Yes No (If yes, list on reverse side)

The cost of the Workshop is \$1,295.00
 Afternoon Tea \$25.00
 Graduation Dinner \$95.00

Total Investment: \$_____ (U.S.)

Method of payment (Check one)

*Check Visa MasterCard American Express

If paid by credit card, there will be a
 For charges: Please print name as it appears on the card

Charge Card Number: _____

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Expiration Date (required):

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Signature

Amount _____
Date

***Make check payable to: Charleston School of Protocol and Etiquette, Inc.**
 Enrollment Priority is based on the order in which enrollment Forms and Payments are received:
 Return to:

*Charleston School of Protocol and Etiquette, Inc.
 P.O. Box 41113
 Charleston, SC 29423
 FAX 843-207-1024 •Tel: 843-207-1025*

For Office Use Only: Enrollment Form and Payment Received on this date: _____