

**The Polished Professional
Charleston School of Protocol and Etiquette, Inc.
Program Enrollment Form**

Honorific and Name _____
Position/Title _____
Company _____
Mailing Address _____ Zip Code _____
Telephone (Area Code) _____ FAX # _____
Email Address _____ (Used to confirm reservations)

If the participant must postpone/cancel attendance, the participant may receive a refund of their tuition fee, minus a \$50.00(US) administrative fee. Postponements/cancellation must be in writing 14 days prior to the program or attendees are liable for the entire fee.

Investment (U.S.): Seminar only \$ 295.00 / Seminar and Online Course \$ 345.00

Investment Total \$ _____

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

Method of payment (Check one)

*Check Visa MasterCard

Program Date _____

For charges: Please print names 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: ***The Charleston School of Protocol and Etiquette, Inc.***

Enrollment Priority is based on the order in which enrollment Forms and Payments are received:

Return to:

The Charleston School of Protocol and Etiquette, Inc.

P.O.Box 41113

Charleston, SC 29423

Telephone: (843)-207-1025 · Facsimile: (843)-207-1024

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