

**Charleston School of Protocol and Etiquette, Inc.  
Etiquette Certification Program Interview Application**

Honorific and Name \_\_\_\_\_

Position/Title \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Country \_\_\_\_\_ ZipCode \_\_\_\_\_

Telephone (Area Code) \_\_\_\_\_ FAX \_\_\_\_\_

Email Address (used for confirmation of registration) \_\_\_\_\_

Why are you applying for this program (check all that apply)

- Train the Trainer purposes
- Currently Own an Etiquette Business
- Starting a new Etiquette Business
- Personal use/Just want to learn something new
- Other \_\_\_\_\_

Please share with us the reasons why you would like to be certified by Charleston School of Protocol and Etiquette, Inc.

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Your business is/will be located in what city and state or country \_\_\_\_\_

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**Refund Policy** - If accepted into this program, the participant understands that the tuition will secure a space in the Etiquette Certification Program. If the participants must postpone/cancel attendance, the participant may receive the tuition, minus \$250.00. This is a non-refundable administrative fee. Postponements/cancellation must be in writing 10 weeks prior to the program or participants are liable for the entire fee. No international refunds will be provided. Any refund will be issued in the form of credit

**Transfer Registration Policy** - If a participant needs to transfer registration to a future program, their tuition will be applied with a \$300.00 transfer fee.

**Cancellation Policy**- The Charleston School of Protocol and Etiquette reserves the right to cancel the certification program if circumstances beyond their control forces this to happen. If this occurs, a full refund will be given to all paid participants, within 30 days of scheduled start date. Postponements/cancellation must be in writing 30 days prior to the program or attendees are liable for the entire fee. International attendees will receive a credit for future participation.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not being accepted into the program. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out the interview application and fax to: (843) 207-1024 or mail to:

The Charleston School of Protocol and Etiquette, Inc.  
P.O. Box 41113  
Charleston, SC 29423