

CONTINUING EDUCATION APPLICATION



American Spirit Institute

360 McLaws Circle
Williamsburg, Va 23185

Phone (757) 220-8000
Fax (757) 220-9122

****Course Fee/Cost is due upon Enrollment****

Name: _____
Last First Middle Suffix

Contact Information:

Home: () ____-____ Cell: () ____-____ Work: () ____-____

Address: _____

City State Zip

License Number: _____ Expiration: _____

Email Address: _____

Education Information:

<i>Licensing School(s) Attended</i>	<i>Start Date</i>	<i>Graduation Date</i>	<i>Telephone Number & Address</i>

Payment Information: Payment is due upon enrollment in the course. Please enclose a check, cash or call with payment information (credit card) prior to date of course. You are not considered **enrolled** unless proper payment has been made. You will receive confirmation of your enrollment upon payment receipt. Please check one of the following

- I have enclosed a check payment for total cost of tuition in the amount of \$ _____.
- I have enclosed a cash payment for total cost of tuition in the amount of \$ _____.
- I will call 757-220-8000 to make a total tuition payment in the amount of \$ _____ prior to the start date of class.

I, _____, have read & agree to the terms & conditions as set forth in the American Spirit Continuing Education brochure for the _____ workshop to be held on _____. I agree to make a payment of tuition in full before the start date of the workshop. I agree that if I wish to receive the discounted tuition rate, I must pay 18 days prior to the start of the workshop. To the best of my knowledge, I attest that all information provided above is truthful.

Date

Applicant Signature