



# MASTERS

SCHOOL OF AUTOBODY MANAGEMENT

*Welcome to the Masters Experience!*

## *Bodyshop Management Essentials*

Name		Title	
Company		Phone	
Address		Fax	
City ST Zip		Email	
Contact person		Contact phone	

Dates of attendance	
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Tuition pricing is **\$2,495.00** An invoice will be provided for you.

### Tuition payment information

Cardholder name			
Credit card number			
Card code		Expiration date	
Credit card billing address			

### Hotel reservation\*\* (REQUIRED) Bill all room charges to this card Bill for room and tax only

Cardholder name			
Credit card number			
Card code		Expiration date	
Credit card billing address			

Hotel arrival date	Hotel departure date	<p>ALL ROOMS ARE NON-SMOKING</p> <p>**For third party payers, please provide a copy of front and back of credit card with a brief description of the authorization</p>
<p>Room request (please circle one)</p> <p>King                      2 Doubles</p>		

No refunds will be issued. Rescheduling will be at the sole discretion of the Director of Education. Cancellation/reschedule fees will apply.

I intend to be at the class _____ in _____
Signature _____

Please return to Masters' fax (309) 342-0931