Center for Excellence in Quality - Six Sigma

Clemson University, Clemson, SC
2008

REGISTRATION FORM

Name: _____
(First) **(Last)**

Organization: _____ **Title:** _____

Address: _____

_____

City: _____ **State/Province:** _____ **Postal/Zip Code:** _____

Country: _____ **Telephone: (_____)** _____ **Fax: (_____)** _____

Email: _____ **(include country and/or area code with telephone & fax)**

Name (for certification) _____
(First) **(Last)**

Address: (for mailing certificate) _____

Registration Fees

Check One:

☐ Register 30 days in advance (Green Belt on site/attendee)	$2,400.00	$ _____
☐ Postmarked after 30 days in advance (on site/attendee)	$2,500.00	$ _____
☐ Register 30 days in advance (Black Belt on site/attendee)	$5,400.00	$ _____
☐ Register after 30 days in advance (onsite/attendee)	$5,500.00	$ _____
☐ Register for Green Belt (Internet Course/attendee)	$1,200.00	$ _____

Total $ _____

Please list any Special Needs: (Vegetarian Meals or Accommodations) _____

_____

Cancellations and Refunds: Please notify us in writing as soon as possible about any substitutions or cancellations. Registration fees will be refunded less a 15% processing fee for cancellations made more than 30 days prior to the start date of course. This fee includes purchase orders. Cancellations made at least 15 days before the course starts will be refunded 70% of the registration fee. No refund is offered for cancellations made less than 10 days prior to the course beginning. In some cases, tuition may be transferred to another Six Sigma course attended within 3 months of original scheduled date. Cancellation requests should be submitted in writing by fax or email to the email and fax number listed below.* Full payment is due 10 days after registration is received.

Six Sigma may cancel or reschedule any course or change instructors at any time and is not responsible for any airfare penalties or other travel changes that may occur. If a course is cancelled, every attempt will be made to notify participants 21 days prior to beginning of the next scheduled course.

PAYMENT METHOD
Please remit payment by Checks, Money Orders, and Purchase Orders in **U.S. funds** payable to: **Clemson University.**

(Please circle payment method) ☐Check Money Order American Express MasterCard Visa ☐
Card #: _____ **Expiration Date:** _____

Print Cardholder Name: _____ Cardholder Signature: _____

Please mail or fax completed registration form with payment to:

Phone: (864) 650-7825
FAX: (864) 656-0795
Email: sixsigma@ces.clemson.edu

The Center for Excellence in Quality
Clemson University - Six Sigma
Attn: Beverly Robinson
110 Freeman Hall
Box 340920
Clemson, SC 29634-0920

Do not email credit card information because security cannot be guaranteed. You may fax or telephone credit card information.