



MISSION TRAINING INTERNATIONAL

P.O. BOX 1220

PALMER LAKE, COLORADO 80133 USA

Tel: (800) 896-3710 or (719) 487-0111 Fax: (719) 487-9350 Web: www.mti.org

REGISTRATION FORM

Date \_\_\_\_\_

Mr. Dr. Rev. Miss Other:

Mr. & Mrs. \_\_\_\_\_  
(Last Name) (First) (Spouse's First Name)

Address: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name/Birthdate/Gender of children coming to MTI \_\_\_\_\_

Sending Agency \_\_\_\_\_ Country of Service \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Program: \_\_\_\_\_ Dates: \_\_\_\_\_

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\_\_\_\_\_ Enclosed is a non-refundable deposit of \$150/adult per program upon registration. Make checks payable to Mission Training International. If paying by MasterCard or VISA, you may Fax, Call or Mail:

CreditCard# \_\_\_\_\_ Exp.Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Code \_\_\_\_\_ Zipcode \_\_\_\_\_

FINANCIAL ARRANGEMENTS:

**Deposit:** A non-refundable deposit of \$150/adult per program is required upon registration.

**Transfer:** Any transfer to a new program requires an additional \$150/adult per program deposit.

**Cancellation:** Cancellation results in the loss of your full deposit. If you cancel within **two weeks** of the start of a program, you will lose your full deposit plus be charged an additional cancellation fee of \$150/adult totaling \$300/adult. This fee is deducted from any program payment monies already collected, billed to your credit card information on file or billed to your agency.

*Late transfers and cancellations can result in others not being able to participate in MTI's program.*

**Final payment:** Final payment for the full balance of the program is due **two weeks** before the program start date.

Please indicate whether you or your Sending Agency should receive your invoice:

I will make payment. Please send invoice to me.

My Sending Agency will pay. Please send invoice to them.

My email address: \_\_\_\_\_

Sending Agency email address: \_\_\_\_\_

I have read and understand the Financial Arrangements and agree to the terms.

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