



325 Ayer Road, Suite 202
Harvard, MA 01451
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COURSE REGISTRATION FORM:

PLEASE PRINT & COMPLETE THE INFORMATION BELOW, THEN FAX, EMAIL, OR MAIL:

Attendee Name:

Address:

Telephone Number:

Email Address:

"THE ART OF PRIVATE INVESTIGATION"

Course Location: 325 Ayer Road, Suite 202
Harvard, MA 01451

PLEASE CHOOSE A COURSE DATE AND TIME:

Monday Tuesday Wednesday Thursday Friday:

9am to 1pm 1pm to 5pm OR suggest a better time: _____

Payment Policy. Full payment is due at time of registration. ATECH accepts checks, MasterCard, Visa, American Express, or Discover cards as payment. Enrollment is not confirmed nor is seat reserved until payment is received.

Fees include tuition and applicable course materials.

Send checks payable to: ATECH, 325 Ayer Road Suite 202, Harvard, MA 01451

For credit card payment, please complete the Credit Card Authorization Form below.

CREDIT CARD AUTHORIZATION FORM:

Type of Card:

Card Number:

Expiration Date:

Security Code (usually 3-digit code on the back):

Billing Street Address:

State and Zip Code:

Confirmation of Registration: A seat in the class is not reserved, nor will the enrollment be confirmed, until ATECH receives payment in full and the completed Class Registration Form. Upon successful completion of these pre-requisites, ATECH will respond to you via the information you provided within three (3) business days. This response will either be an official enrollment confirmation, or will state reasons why your enrollment cannot be confirmed. Until you receive an official enrollment confirmation email, your seat in the class is not guaranteed. The enrollment confirmation will also include your confirmation ID#, directions to our facilities, and any prerequisite materials. If further information is required of you to complete your registration request, an executive director from ATECH will contact you via the information you provided on this form. In the event that the class you have chosen is full, we will notify you by phone and you can choose to be placed on a waiting list, and/or register for a later class. Under no circumstances should a student travel to ATECH facilities, for purposes of attending a training class, unless enrollment confirmation ID # has been issued by ATECH. If you do not receive a confirmation within 3 business days, please contact ATECH.

Cancellation and Re-scheduling Policy: We often have waiting lists for our scheduled classes, so if you need to cancel, please do so as early as possible. You are welcome to substitute another participant from your organization, just let us know prior to the class start date. Provided you give at least seven (7) days notice prior to the first day of class, you may reschedule or cancel your enrollment without penalty and receive a full refund of any fees paid. If you give less than seven (7) days notice, you will be charged the full class fee. If, within three days prior to the first day of class, fewer than 3 participants are registered for the class, ATECH reserves the right to cancel the class and you will receive a full refund of any fees paid.

NOTICE: This course is for informational purposes only. In no way does completion of this course give the attendee the authority to portray themselves as a private investigator. For information regarding licensing requirements for private investigators, please contact: Department of Massachusetts State Police Special Licensing Unit 978-538-6128.

LIABILITY RELEASE

On this _____ day of _____, 200__, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless ATECH Investigation Services, and any of its employees or agents representing or related to ATECH while participating in activities related to surveillance classes.

This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this class. The undersigned further agrees to abide by all the rules and regulations of ATECH and/or its affiliate groups throughout the class.

Name (please print)

Signature of Participant

Date Signed

Please sign and return to ATECH, through FAX, MAIL, or EMAIL.

