

TRAINING COURSE APPLICATION

Return to: APSA Continuing Education Committee
P.O. Box 2233, Phoenix, AZ 85002-2233
PH: (602) 476-1737

NAME: _____
(Print your name, as you want it to appear on your certificate.)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMPLOYER: _____

Please reserve my space in the following classes, which have been approved by the Arizona Supreme Court to carry a continuing education credit for the designated hours. I have entered the classes I prefer to attend, and have checked the fees that apply to me. I understand that the fees and the application have to be received at the above address, before my seat is secured for the classes, and that all fees are non-refundable.

COURSE NAME: _____

LOCATION: _____ Aquarius Casino Resort (Gemini II)
_____ 1900 South Casino Drive, Laughlin, NV 89029
_____ 1-702-298-5111 _____

DATE: Saturday, March 9, 2019, 8:30 a.m. – 3:30 p.m. A.C.P.S (6 hour class) and
Sunday, March 10, 2019, 9:00 a.m. – 1:00 PM – 4 hours (CLASS TO BE
ANNOUNCED)

CLE HOURS: _____

TOTAL COST: _____
(\$15.00 PER CLE HOUR)

By making application to the Arizona Process Servers Association, I understand that all materials provided in the courses are copyrighted. There are no refunds. I understand these courses are not a substitute for registration and appointment with the Court under RCP (4)e, but is a symbol of my professional level within the legal community, and will count for hours towards the continuing education credit needed under the rules of The Arizona Supreme Court.

SIGNED: _____ DATE: _____