

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: _____

Continental Country Club

LOCATION: 2380 North Oakmont Drive, Flagstaff, AZ 86004 _____

DATE: Saturday June 25, 2016; 9:00 a.m. – 4:00 p.m. and
Sunday June 26, 2016; 8:30 a.m. – 1:00 p.m.

CLE HOURS: _____

TOTAL COST: _____

(\$15.00 PER CLE HOUR FOR MEMBERS/\$30.00 PER CLE HOUR FOR NON-MEMBERS)

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: _____