ACCHS Continuing Education Registration Form

Today’s Date: _____________

Name: ____________________________________________________________

Address: _____________________________________________________________________________
________________________________________________________________________

Contact Phone #:__________________________________________________________

Are you an ACCHS alumnus? _____________

Would you like to receive continuing education information in the future? If yes, submit e-mail address ____________________________________________

What is the date(s) of the continuing education course you are registering? ____________

What is the name of the course(s)_____________________________________________

Payment: Please place an X next to the class/amount you are paying. Please note that you must pay the exact amount for the course(s) you will be registering or we will not process your payment and you will not be registered for the CEU seminar. Check all that apply.

____ NADA Certification class $385 (Student ID required) $485 - all professionals.
____ $100 for all licensed professionals; combination sessions, and/or single courses
____ $80 for all licensed professionals; combination sessions, and/or single courses
____ $50 for all licensed professionals; combination sessions, and/or single courses
____ $80 for ACCHS alumni, licensed professionals; single courses
____ $50 for ACCHS alumni, combo courses, licensed professionals; single courses
____ $40 for ACCHS alumni, licensed professionals; single courses
____ $25 for ACCHS alumni, combo courses, students, single courses (must include photocopy of current school ID or registration will be returned)
____ $35 for ACCHS alumni, students, single courses (must include photocopy of current school ID or registration will be returned)
____ $15 for ACCHS alumni, students, single courses (must include photocopy of current school ID or registration will be returned)
____ $10 for ACCHS alumni, students, single courses (must include photocopy of current school ID or registration will be returned)

Total Payment:____________ Credit Card #:_________________________ Exp:_____ CV#:_____

Please send check or money order to:
ACCHS Business Office
Att: Continuing Education
1600 Broadway Oakland, CA. 94612

(Questions? 510-763-7787 or contined@acchs.edu) Please note: Refunds will only be made until one week prior to the date of the continuing education course. A $5.00 processing fee will be charged. A $5.00 late registration fee will be applied to persons who register on the day of the course. All fees are non-refundable.