

Activity Director MEPAP Courses - Purchase Order

*Please include this form with any payment made by check, so it can be applied to the proper account.

Facility Information:

Facility Name: _____

Facility Address: _____

City/State/Zip: _____

Facility Telephone: _____ Fax: _____

Student Information:

Student Name: _____

Student Address: _____

City/State/Zip: _____

Student Telephone: _____ Fax: _____

Student E-mail (Main source of communication with your instructor): _____

Male: _____ Female: _____ (Mark One) Birth Date: _____ / _____ / _____

Choose Course	Certification Course	Price
	MEPAP 2 nd Edition Part 1 - Modular Education Program for Activity Professionals	\$600.00
	MEPAP 2 nd Edition Part 2 - Modular Education Program for Activity Professionals	\$600.00
Total:		

In the event that you decide to cancel your registration, please do so within 3 days after the scheduled start date of the course. If you do so within 3 days after the start date, a full refund will be issued, minus a \$100.00 processing and registration fee. Any cancellations placed after the 3-day grace period will not be eligible for any refund, you may forfeit the amount or use the payment as a credit(s) towards another course. If the student transfers from one course to another at anytime during the course after the 3 day grace period, he/she must pay a \$200.00 Transfer Fee. There are absolutely no exceptions. If you do not complete this course, you are still accountable for the course fee. All of your assignments must be created by you and completely original. Plagiarism will not be tolerated and will be grounds for dismissal from the course without a refund. By signing below, I am stating that I understand and agree to all the information I have communicated in this form and is accurate and true to the best of my knowledge. **This purchase order and the acceptance of it, as provided herein, shall constitute a contract made in, and to be governed in all respects by the laws of the state of Texas.**

Student Signature: _____ Date: _____ / _____ / _____

Responsible Party of Facility Signature: _____ Date: _____ / _____ / _____

