

## PRSA Training Order Form

Program: Career Fitness                      Product: NP041212/REPLAY  
MyPRSA ID: \_\_\_\_\_  
First Name: \_\_\_\_\_                      Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_                      Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_                      State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_                      Country: \_\_\_\_\_  
Email: \_\_\_\_\_                      Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

New Professionals Section Members: \$0     PRSA Members: \$0     Nonmembers: \$200

Coupon/Promotion Code: \_\_\_\_\_

### Payment Method

Enclosed check, payable to PRSA

Credit Card:     American Express     Master Card     Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

If paying by check, mail this form with your payment to: PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003

If paying by credit card, fax this form to: (212) 460-5460

**No event registrations will be processed without proper payment.**

### Cancellation Policy

Cancellations must be in writing and sent by mail to PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003, or faxed to (212) 460-5460. Cancellations are subject to a \$25 cancellation fee. There are no refunds once you receive your registration confirmation.