

REGISTRATION FORM

Please Return This Completed Form To TACDC At Any Of The Following:

Fax: (512) 916-0541

Email: info@tacdc.org

**Mail: 2200 E. MLK Jr. Blvd.
Austin, TX 78702**

Registration is also available:

Online at www.tacdc.org/SAFE.html OR By Calling TACDC at (512) 916-0508

Space is limited, so register TODAY! There is NO onsite registration.

CONTACT INFORMATION:

Name (Last): _____ (First): _____
 Company/Organization: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email Address: _____
 NMLS Unique Identifier Number: _____

Please Select The Course You Are Taking:

SAFE ACT 8 Hour Continuing Education Course
(TBA)

TACDC SAFE ACT National Exam Prep Course
(TACDC Members: \$119 / Non members: \$129)

Austin, Texas
Monday, 09/26/11

PAYMENT OPTIONS:

- \$119 - TACDC SAFE ACT National Exam Prep Course – Member Rate
- \$129 - TACDC SAFE ACT National Exam Prep Course – Non Member Rate

Enclosed is my check made payable to **“TACDC”**

Send Checks To: TACDC
2200 E. MLK Jr. Blvd
Austin, TX 78702

I authorize TACDC to charge my credit card listed below

CANCELLATIONS: This registration fee is non-refundable, but may be transferred to another person in your organization or may be applied to a later training session. Cancellations received within 48 hours of the training date may be rejected, or, if space is available, subject to a \$50.00 fee. By submitting your registration form, you acknowledge and accept this policy.

Cardholder Name: _____ Billing Zip: _____
 Card/Account #: _____ Exp. Date (MM/YY): _____

Registration is first come, first served. If paying by check, payment must be received no later than the end of business 3 days prior to training date or your reservation may be released. For full details, please visit www.tacdc.org/SAFE.html.