

Foundations of Payroll/Payroll Administration Certificate Programs | Registration Form

American Payroll Association • Payroll Learning Center

233 S. 4th Street, 3rd Floor, Las Vegas, NV 89101-5785 • 660 North Main Avenue, Suite 100, San Antonio, TX 78205-1217 • Phone: (210) 224-6406 • Fax: (210) 224-6038

Three Enrollment Options:

1. Register online* at www.americanpayroll.org/foundations-payroll.html or

www.americanpayroll.org/payroll-admin.html

2. Fax* form to (210) 224-6038

3. Mail form with your CHECK to

API Fund for Payroll Education, Inc.

c/o Payroll Learning Center

660 North Main Avenue, Suite 100

San Antonio, TX 78205-1217

*Credit Card required

Las Vegas

Cancellations and Refunds: (1) Refund computations will be based on the course time expressed in clock hours. (2) The effective date of termination for refund purposes will be the earliest of the following: (a) the last date of attendance; or (b) the date of receipt of written notice from the student. (3) If tuition and fees are collected in advance, \$100 shall be retained by the API Fund for Payroll Education, Inc./ Payroll Learning Center. (4) If the student fails to enter the course, withdraws, or the course is discontinued at any time before completion, the student will be refunded the pro rata portion of tuition, fees, and other charges that the number of class hours remaining in the course after the effective date of termination bears to the total number of class hours in the course. (5) A full refund of all tuition and fees is due in each of the following cases: (a) if an enrollee is not accepted by the school; (b) if the course of instruction is discontinued by the school and this prevents the student from completing the course; or (c) if the student's enrollment was procured as a result of any misrepresentation in advertising or promotional materials of the school, or misrepresentations by the owner or representative of the school. (6) Refunds will be totally consummated within 15 days after the effective date of termination.

Students with unresolved problems with the Payroll Learning Center may contact: Las Vegas location: Nevada Commission on Postsecondary Education, 8778 S. Maryland Parkway, Suite 115, Las Vegas, NV 89123-6705. Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder.

San Antonio Cancellations/Substitutions

Substitutions: For each transfer/substitution, there is a \$55 non-refundable administrative fee. The substitute may also be charged the difference in price. Each substitution will require completion of a substitution form and will be assessed the fee. A representative will provide the form. Requests should be made by calling Customer Service.

Cancellations: Written requests received seven business days prior – full refund; four to six business days prior – refund less \$50 service charge; fewer than four business days prior – APA credit will be issued less \$100 and will be valid for one year from the date of issue. Cancellations the day of the program or after the program dates are nonrefundable and noncredited. Refunds will be made in original form of payment. APA regrets that refunds will not be given for no-shows. View the complete policies at <https://info.americanpayroll.org/pdfs/tocs/event-policies.pdf>

I wish to attend: Foundations of Payroll Payroll Administration (use a new form for each registration)

City: _____ Course Code: _____ Course Dates: _____

I am an APA MEMBER. Member's ID #: _____ \$1,889

I am a COLLEAGUE of an APA Member (at the same street address) _____ \$1,999

Colleague's ID #: _____

Member's Name: _____

Member's ID #: _____

I want to JOIN APA now and register at the member rate. \$2,178

Class Registration Fee at Member Rate \$1,889

Annual Membership Dues** \$254

One-time Membership Enrollment Fee \$35

Total **\$2,178**

I am NOT an APA Member or Colleague \$2,139

****Dues are subject to change without notice and are nonrefundable. Membership is on an individual basis; corporate memberships are not available. 100% of membership dues are deductible as an ordinary business expense.**

Registrant's Information:

Name: Ms. Mr. _____

Title: _____ Organization: _____

Street Address: _____

City: _____ State/Province: _____ Country: _____ Zip + 4-Digit/Postal Code: _____

Telephone: _____ Fax: _____
(Area/Country Code) (Area/Country Code)

Email: _____
(For official APA communications, registration confirmations, Payroll Currently, and PAYTECH-Digital)

Please indicate if you are: CPA PA (For NASBA reporting purposes)

Needed for new member enrollment: Birth date: _____ / _____ / _____

If you have a disability or require special services, call (210) 224-6406, M – F, 8 a.m. – 6 p.m. CT at least 14 days in advance.

Special Dietary Request: Vegetarian Gluten-free Kosher Vegan Dairy Allergy

Peanut Allergy Shellfish Allergy

Special dietary requests received less than two weeks from event start date cannot be guaranteed.

Payment in U.S. dollars must accompany registration form. Currency Converter: www.xe.com

See enrollment options at top left.

Check # _____ Credit Card American Express Discover MasterCard Visa

I authorize the API Fund for Payroll Education, Inc. to CHARGE my credit card. Card is (check one): Corporate Personal

Card #: _____

Exp Date: _____ CVV: _____

Name on credit card: _____

Signature of cardholder: _____

Purchase Order #: _____ (government agencies/universities only)

I have reviewed the course enrollment agreement and related materials (staff roster, course description, schedule and school policies, etc.) found at <https://info.americanpayroll.org/pdfs/tocs/event-policies.pdf> and understand my rights and responsibilities as expressed in these documents.

Student's Signature: _____ Date: _____

Last updated: December 2018

EMT: 9V

FOR OFFICE USE ONLY:

Date: _____ Order #: _____ Control Batch #: _____

C/P: _____ Total: \$ _____

School Representative's Signature: _____ Date: _____