EXPRESS
TRAINING SERVICES
"Getting your career on the right track"

Clinical Skills Nursing Review

Name: _____
First Middle Initial Last

Address: _____
Number Street

_____ _____ _____ _____
City St Zip Email

Birthdate: _____/_____/_____ _____
MM/DD/YYYY Phone #

Cancellation and Refund Policy

1. **Fees are non-refundable under any circumstances.**
2. Class start date and/or times can be changed with at least seven (7) days notice, or in the case of an emergency. Documentation of the emergency will need to be provided in order to reschedule.
3. **If student is late for the class, all fees will be forfeited.**

Fees

Individual fees:

___ Clinical Nursing Skills Review $ 250

Total Price $_____
(Full payment due at time of signing agreement. Fees are subject to change at any time.)

Class starts on _____ at _____ am/pm

A card will be issued to each student who successfully completes the class and satisfies all requirements.

Notice to Student: Do not sign this contract before you read it, or if it contains any blank spaces. You will be provided an exact copy of the contract you sign. Keep it to protect your legal rights. This agreement constitutes a binding contract upon acceptance by Express Training Services, Inc..

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature if Student is under 18 years old Date

_____ _____
Accepted by Express Training Services, Inc. official Date

Mail or bring by completed application, with payment, to:
Express Training Services, Inc.
3631 SW Archer Rd., Suite A
Gainesville, FL 32608

Please include cashier's check, money order, or credit card number/expiration date if mailing application. **Do not mail cash!** You will not be registered until full payment is received. Please call us at 352-338-1193 if you have any questions.

We do not accept personal checks!