



65 Springfield Place
Jasper, GA 30143-3236

706-692-7727

706-692-7710

678-430-2310

rlowry@lowrycg.com

www.lowrycg.com

CPO® Certification Course Registration

Company Name: _____

Company Mailing Address: _____

City/State/Zip: _____

Company Phone #: _____ Company Fax #: _____

Number of Students: _____

Price: 1-9 Students \$300/each, 10-14 Students \$270/each, 15+ Students \$240/each

Number of Spanish textbooks \$15 each (English textbooks included with course fee) _____

Amount Enclosed:(see above for pricing) _____

Class Location: _____ Class Date: _____

Course textbook and other class materials are sent to each student prior to class date. In order to ensure receipt of these materials, we must have each student's home address. Please be sure to fill in the second page with the names and addresses of students. Enclose extra sheets if necessary. *Course materials will be sent directly to each student's home mailing address upon payment in full.

*Checks should be made payable and sent to:

Lowry Consulting Group, LLC
65 Springfield Place
Jasper, GA 30143-3236

*Last-minute additions may be allowed if class space permits.

*Class size is often limited. Return this form as soon as possible to ensure your reservation.

REFUND POLICY

We make every effort to provide registered course students sufficient time to arrange their personal schedule in order to fulfill their class attendance commitment. However, we must enforce the following cancellation/refund policy due to travel and operating expenses incurred by Lowry Consulting Group during pre-course preparation. Payment of the course fee constitutes acceptance of this refund policy. (NOTE: If the CPO Handbook is not returned, \$25 will be deducted from the refund amount.)

Cancellation by student:

7 days before course date = 100% refund

3-6 days before course date = 50% refund

0-2 days before course date = No refund



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Student 1 Name: _____

Address: _____

City/State/Zip: _____

Student 2 Name: _____

Address: _____

City/State/Zip: _____

Student 3 Name: _____

Address: _____

City/State/Zip: _____

Student 4 Name: _____

Address: _____

City/State/Zip: _____

Student 5 Name: _____

Address: _____

City/State/Zip: _____