



**ALL WORLD
LANGUAGES AND
CULTURES, INC.**



COURSE INFORMATION

COURSE TITLE: _____

COURSE DATE: _____ TIME (Start-End): _____ - _____ (am/pm) FEE: \$ _____ /Participant

LOCATION: _____

P.O.S.T. CEUs EARNED: _____ AREA: _____ + _____ AREA: _____

COURSE REGISTRATION

DEPARTMENT INFORMATION

POLICE/SHERIFF DEPARTMENT: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

TELEPHONE: (____) _____ - _____ FAX: (____) _____ - _____ E-MAIL: _____

PARTICIPANTS *(For Every Four Participants Enrolled, You Get the Fifth FREE).*

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____ FREE	10. _____ FREE

FEE: \$ _____ x _____ PARTICIPANTS = _____ TOTAL FEE: \$ _____

PAYMENT OPTIONS *Please email complete form to RPES@universalhighways.com, or Fax: _____.*

1. Purchase Order #: _____ Today's Date: _____
Signature: _____ Title: _____

2. Credit Card Payment: _____ Visa _____ MasterCard _____ AMEX _____ Discover
Credit card #: _____ Expiration Date: ____/____/____ Customer Code: _____
Name on Card: _____
Billing Address *(If different from above):* _____ State: _____ Zip: _____
Amount: \$ _____ + \$ _____ = **Total Charges:** \$ _____
(Fees) (Please add 5.0 % processing fees)

Signature: _____ Date: _____

3. Check Payment: Please mail all checks payable to: **All World Languages & Cultures, Inc.**
P.O. Box 1889 - Lee's Summit, MO 64063.

We thank you for your business.