

# CUTTING EDGE FORENSICS

## COURSE REGISTRATION FORM

Shelley Dill, owner  
cuttingedgeforensics.com  
Shelleydill@cuttingedgeforensics.com  
850-776-4171



Course: \_\_\_\_\_ Course Dates: \_\_\_\_\_  
Course Location: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Years of Experience: \_\_\_\_\_  
Agency/Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Person Registering Student: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### PAYMENT

Credit Card  Personal Check  Purchase Order Number: \_\_\_\_\_  
PayPal: @cuttingedgeforensics.com  Venmo: @cuttingedgeforensics.com

For personal checks and purchase orders, contact Shelley Dill at 850-776-4171

### Substitution, Cancellation and No-Show Policy

**Substitution** - If you are unable to attend this training course, an alternative person may be substituted prior to the commencement of the training course at no additional cost.

**Cancellation** - If you are unable to attend a training course and a substitute is not available, the following cancellation charges will apply:

1. Cancellation 10 days prior to the training course start date – 100% refund
2. Cancellation with less than 10 Business days' notice – 100% of course fee

**No show** - If you fail to show up to a training course, 100% of the course fee will be charged

**Cancellation by Cutting Edge Forensics, LLC** - CEF reserves the right to cancel any training course if insufficient attendees are registered. A minimum number of students are required for each training course and will be determined by the instructor. If a course is cancelled due to insufficient registrations, those who have registered will be notified and any fees paid by the attendee will be refunded in full or applied to a training course future course.

Cutting Edge Forensics, LLC will not be liable for any losses or damages arising in relation to course cancellation or during the course.

### I have read and understand the Substitution, Cancellation and No-Show Policy.

\_\_\_\_\_  
Signature of Financially Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Financially Responsible Party

\_\_\_\_\_  
Contact number