

NTS REGISTRATION FORM

Please type or print clearly all the information requested below & verify.

Name	
Title	
Address	
City, State, Zip	
Home Phone	
Social Security Number	
Company Name	
Company Address	
City, State, Zip	
Company Phone	
Company Fax	
Company E-mail Address	
Please indicate the Name & Date Of the Class that you wish to attend.	
Class Name _____ Date _____	
Card Holder Name _____	Make Checks Payable to: Alabama Alarm Association P.O. Box 720252 Byram, MS 39272 Phone: 877-425-2576 Fax: 877-257-6329
Card Number _____	
Exp. Date: _____ Card Security Code: _____	
Card Holder Signature _____	
Policies and Procedures	
<ol style="list-style-type: none">1. Payments must accompany registration forms to reserve a class seat.2. Resheduling must be done at atleast five (5) business days prior to class or fee is forfeited.3. Written cancellations must be made at least five (5) business days prior to class or fee is forfeited.4. A company may substitute one tech for another without penalty.5. Member discounts are awarded to all current NBFSA members. Members outside of Alabama must provide proof of membership or pay non-member rate.6. Class seating is limited and registrations are made on a first come first serve basis.7. Time permitting, course manuals will be shipped to paid students. ** Students will be responsible for bringing the manual and provided documentation to class. No manuals are available to borrow.8. Confirmation will include class location, times, needed supplies and suggested accommodations.9. Confirmations will be sent via e-mail or fax whenever possible.	