

# NYSESA 2020 LICENSING COURSE REGISTRATION FORM



<b><u>New York 81 Hour Security/Fire Alarm Installer License Course</u></b>		<b>COURSE DATES</b>		<b>NUMBER OF STUDENTS</b>	<b>MEMBER PRICE</b>	<b>NON-MEMBER PRICE (*)</b>	<b>TOTAL COURSE / EXAM FEE(S)</b>
NEW YORK STATEWIDE	VIRTUAL INSTRUCTOR-LED COURSE Contact NYSESA for computer access requirements...	June 10-12	June 24-26		\$1400	\$1550	
		July 8-10	July 22-24				
ELMSFORD, NY		October 7-9	October 21-23		\$1400	\$1550	
		November 4-6	Nov. 18-20				
ROCHESTER, NY		October 7-9	October 21-23		\$1400	\$1550	
		November 4-6	Nov. 18-20				
LONG ISLAND, NY		October 14-16	October 28-30		\$1400	\$1550	
		Nov. 11-13	December 2-4				

**Registering more than ONE student - attach a list of student names / courses attending.**

All payments must be received at least ONE WEEK prior to the first day of the course !!!	<b>TOTAL COURSE REGISTRATION FEE(S) =</b>	
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**GENERAL COURSE INFORMATION**

Courses begin at 8:30am and conclude at 5:00pm. Courses are held on Wednesday - Friday. Students are responsible for their own meals and lodging. Students are **REQUIRED** to provide a laptop / tablet to take the course completion examination. Exams cannot be taken on a smartphone or PDA... Contact the NYSESA office regarding testing process questions...

Course confirmations with specific course location information will be sent to all pre-registered students ONE week prior to the start of the course.

(\*) Non Member Fee includes a complimentary NYSESA & local chapter "applicant membership" for the remainder of the 2020 membership year.

**WALK-IN REGISTRATIONS ARE NOT ACCEPTED...**

**Cancellation Policy:** Written cancellation at least 10 days prior to first day of course – 100% of course fee refunded. Written cancellation less than 10 days prior to first day of course – receive credit of 50% of paid fees towards future course taken within the next 6 months.

**Special Accommodations:** Please contact the NYSESA State Office a minimum of 10 days prior to the beginning of the course if you require special accommodations for a disability.

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Payment Type:      Check Payable to NYSESA ( )    Master Card ( )      Visa ( )      Amex ( )

Credit Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Payment (with completed form) to: NYSESA - 1971 Western Avenue - PMB 1105 - Albany, NY 12203  
(800) 556-9232 (NY) or (814) 838-0301 (Outside NY)    www.NYSESA.org  
Credit Card Payments may be faxed to - (814) 838-5127 or email to Info@NYSESA.org