

**TRAINING COURSE APPLICATION**

Return to: APSA Continuing Education Committee  
P.O. Box 2233, Phoenix, AZ 85002  
Phone: (602) 476-1737  
Fax: (602) 258-9550

NAME: \_\_\_\_\_  
(Print your name, as you want it to appear on your certificate.)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Please reserve my space in the following classes, which have been approved by the Arizona Supreme Court to carry a continuing education credit for the designated hours. I have entered the classes I prefer to attend, and have checked the fees that apply to me. I understand that the fees and the application have to be received at the above address, before my seat is secured for the classes, and that all fees are non-refundable.

COURSE NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CLE HOURS: \_\_\_\_\_

TOTAL COST: \_\_\_\_\_  
(\$15.00 PER CLE HOUR FOR MEMBERS/\$30.00 PER CLE HOUR FOR NON-MEMBERS)

By making application to the Arizona Process Servers Association, I understand that all materials provided in the courses are copyrighted. There are no refunds. I understand these courses are not a substitute for registration and appointment with the Court under RCP (4)e, but is a symbol of my professional level within the legal community, and will count for hours towards the continuing education credit needed under the rules of The Arizona Supreme Court.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_