Facilitator Course Registration Form

Course Dates: Please select one.

2018 Dates:

☐ 29 Jan – 1 Feb (Houston) ☐ 9 – 12 April (Houston) ☐ 21 – 24 May (Houston)

☐ 4 – 7 June (Houston) ☐ 30 July – 2 Aug (Houston) ☐ 27 – 30 Aug (Houston)

☐ 24 – 27 Sept (Houston) ☐ 12 – 15 Nov (Houston)

☐ Other (below) Provide dates and locations for requesting a course at your company or location:

Course Prerequisites: Please check all that apply and submit appropriate documentation with this form.

☐ IADC WellSharp/WellCAP-approved (or applicant) Instructor Supervisory Level (required)

☐ Valid WellSharp/WellCAP Supervisory Certificate (required)

☐ 6 months of assisted WellSharp/WellCAP instruction (recommended)

☐ 1 year of assisted WellCAP Plus course delivery (recommended)

Registrant Information:

First (given) Name	Last (family) Name
Company Name	
Address (Street, City, State, Postal)	
Phone	Alternate Phone:
Email Address (below):	Primary Language English? Yes ☐ No ☐ (If no, communication skills may be verified prior to enrollment.)
Reason for attending course (Check all that apply): ☐ To facilitate WellCAP Plus courses ☐ To satisfy the Train-the-Trainer requirement for WellSharp instructors. ☐ Other (Explain below):	

Registration Fee: $2,500*
The registration fee includes: Admission to the 4-day course, course materials, and breakfast/lunch.
*The registration fee may increase slightly in the future.

Additional Course Information
Hotel/Travel arrangements are to be made, and costs incurred, by the participant/employer. IADC or host facility will incur all costs associated with breakfast and lunch for the full duration of the course. Please contact patty.tydings@iadc.org for more details.

Payment Information: Payment is required at the time of registration.
Cancellation fees will be applied when a participant withdraws from the course on or before the first day of the course as follows: ($25 processing fee is applied)

- 60 days prior to the first day of the course will receive a 100% full refund of course registration fees.
- 30 days prior to the course will receive a 50% refund.
- No refund will be given for notice of less than 30 days.

Scheduling: Please provide an alternate date in which you would be available to take this course in the event that the course you are registering for is full by the time we receive your payment. Check all that apply.

☐ Unable to attend on an alternate date ☐ Can attend on the following alternate dates:

Alternate dates:

☐ Retain my registration and payment information if additional dates available.

Please select your payment method:

☐ Check ☐ Wire Transfer

Credit Card ☐ MasterCard ☐ Visa ☐ AMEX

Paid by: ☐ Employer of registrant* ☐ Registrant (*If paid by employer, please include employer's billing info and IADC provider #)

When making your payment, please reference the WellCAP Facilitator Course and the participant's name.

Employer (Training Provider) Information*:

Company Name	IADC Provider ID#:
Manager or Administrator's First (given) Name	Manager or Administrator's Last (family) Name
Address of Employer (Street, City, State, Postal)	
Employer's Phone	Alternate Phone:
Manager or Administrator's Email Address:	

Payment Information:

CREDIT CARD PAYMENT	Credit Card Number:…… Exp. Date:…….. Cardholder Name:…….. E-mail:…….. Cardholder Address:…… City:…… State:…… ZIP…… Country:…….. Phone:…… Signature*:…….. *Electronic signature is acceptable. To sign electronically, click in the field above and follow the prompts. Do not sign until all other fields have been completed. Once the form is signed, no changes can be made.
WIRE TRANSFER	**Capital One, N.A.** 5444 Westheimer Rd., Ste 600 Houston, TX 77056 Phone: 713-212-5185 ***Wire ABA:*** *111901014* ***ACH ABA:*** *113024915* ***Swift Code:*** *HIBKUSHI* ***Account Number:*** *3822684415* Please include a $20 processing fee for all wire transfer payments.
CHECK	**Mailing Address:** IADC Attn: Patty Tydings, Facilitator Course Coordinator 10370 Richmond Ave., Ste. 760 Houston, TX 77042

Important: Email this form and all requirement attachments to Patty Tydings at patty.tydings@iadc.org. In the subject line of the email, write "**Facilitator Course Registration**." Please indicate in your email if you wish to be placed on the **waiting list** for the course in the event that the course you are registering for is full by the time IADC receives your payment.