

## PITI - Home Inspection Registration Form

Email: [pitikc@hotmail.com](mailto:pitikc@hotmail.com)

Efax: (267) 222-7185

Phone: (800) 533-7973

Cell: (918) 816-0607 (speak to an instructor)

**If Mailing Registration Form & Check:**

**PITI - 923 NE Woods Chapel Rd / Ste #406  
Lees Summit, MO 64064**

**Print This Form .... Fill It Out, Then Mail, Fax or Email To Us Using Above Information**

**Seminar Location:** Independence, MO (Noland Rd / I-70 Area - unless otherwise noted)

Seminar Dates: From \_\_\_\_\_ To \_\_\_\_\_ (dd/mm/yyyy)

Seminar Type:         12 Day     Night Class     Custom Plan

Your Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

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

Cell Phn: \_\_\_\_\_                      Email: \_\_\_\_\_

**Payment Method:**    Visa    MasterCard    Discover    Check / Money Order

- (a)  Partial Deposit Payment Enclosed / Credit Card Info or Check **\$500 each** (Balance Due at Door)  
(b)  Full Payment (Early Payment Discount To Be Applied / For fees Paid 10 work days or more prior to class)  
(c)  Night Class Installment Plan (\$500 Deposit + \$450 at Door 1<sup>st</sup> Night then \$750 p/mnth for duration of class)  
**(Any Checks or Money Orders made out to PITI (Professional Inspection Training & Instruction))**

### **Enclose One Registration Form Per Attendee**

If Paying by Mastercard, Visa or Discover, we need the following information:

Type of Card:    Mastercard    Visa    Discover    Exp. Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

3 or 4 digit security code: \_\_\_\_\_    Billing Zipcode of Card: \_\_\_\_\_

Print Name Exactly as on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**\*\* No Walk-Ins Allowed ....) Classes will run from about 9:00 AM to 6:00 PM daily.  
(Payment In Full 2 Weeks Or More In Advance Of Class Is Required For Any Discounts)**