



TRAINER CERTIFICATION PROGRAM MANUAL ORDER FORM

FULL NAME: _____ USHJA MEMBER #: _____

ADDRESS: _____
PHYSICAL ADDRESSES ONLY. NO P.O. BOXES.

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

**PURCHASE OF THE TCP MANUAL DOES NOT ENROLL YOU INTO THE TRAINER CERTIFICATION PROGRAM.*

PAYMENT INFORMATION

MANUAL FEE: \$75.00

VISA

MASTERCARD

CHECK

MONEY ORDER

CARD NUMBER: _____ EXP. DATE: _____

NAME AS APPEARS ON CARD: _____

SIGNATURE: _____ BILLING ZIP CODE: _____

ORDERS MAY NOT BE TAKEN OVER THE PHONE.

*REFUNDS: THERE ARE NO REFUNDS FOR THE MANUAL.

SHOULD YOU HAVE ANY ADDITIONAL QUESTIONS,
PLEASE CONTACT MELANIE FRANSEN AT
MFRANSEN@USHJA.ORG OR 859-225-6717