



American Advanced Technicians Institute, Corp.

Advanced Automotive Technology Continuing Education REGISTRATION FORM

Name/Nombre:		Date of Birth/Fecha de Nacimiento:	
Address/Dirección:		Social Security No./Nº de Social Security:	
City/Ciudad:	State/Estado:	Zip:	Telephone No./ Nº de Teléfono:
Emergency Contact Person/Contacto en caso de una emergencia:		Home/Casa: ()	Work/Trabajo: ()
Telephone No./ Nº de Teléfono: Home/Casa ()		Cellular/Celular: ()	Other/Otro: ()
Employer's Name/Nombre del Empleador: <input type="checkbox"/> Check, if unemployed		EMAIL: _____	
Contact Person/Contacto:	Ethnicity/Etnia: <input type="checkbox"/> American Indian/Indio Americano <input type="checkbox"/> African American/Africano Americano <input type="checkbox"/> Caucasian/White/Blanco <input type="checkbox"/> Hispanic/Hispano <input type="checkbox"/> Oriental/Asian/Oriental <input type="checkbox"/> Other/Otro: _____	Residency Status/Estatus de Residencia:	
Employer's Address/Dirección del Empleador:		<input type="checkbox"/> US Citizen/Ciudadano de EEUU	
City/Ciudad:		<input type="checkbox"/> Non-US Citizen/No-Ciudadano	
State/Estado:		<input type="checkbox"/> Permanent Resident/Residente Permanente	
Zip:	<input type="checkbox"/> Non-Resident/No Residente		<input type="checkbox"/> Other/Otro: _____
Start Date/Fecha de Comienzo: ____/____/____	CANCELLATION & REFUND POLICY <ul style="list-style-type: none"> Registration Fee of \$50.00 per course is non-refundable. Cancellation after attendance has begun, but prior to 50% completion of the course, will result in a Pro Rata refund computed on the number of hours completed to the total of hours scheduled to complete. After 50% of completion, there will be no refunds and the student will be responsible for the full tuition. 		
Job Title & Duties/Posición y Trabajos que realiza:	CATALOG ACKNOWLEDGE I HAVE RECEIVED A COPY OF THE CURRENT SCHOOL CATALOG <input type="checkbox"/> He recibido una copia del CATALOGO del Instituto.		
HOW DID YOU HEAR ABOUT US?/¿CÓMO SUPO DE NUESTRA INSTITUCIÓN?:	<input type="checkbox"/> Yellow Pages/Páginas Amarillas <input type="checkbox"/> Internet/Internet <input type="checkbox"/> Flyers/Bolantes <input type="checkbox"/> Referral/Referencia <input type="checkbox"/> Other/Otro _____		
Course/Curso:	CODE/Código:	START DATE:	COMPLETION DATE:
CLASS SCHEDULE/Horario de Clase Monday/Lunes – Thursday/Jueves 6:30PM-10:30PM			
I agree to pay American Advanced Technicians Institute, Corp as outlined below:			
Tuition: \$ _____	(For Office Use ONLY) Form of Payment: CA CC MO CK # _____ Receipt # _____ Balance to be paid as follows: \$ _____ on the first day of each week until paid in full. <input type="text"/>		
Registration Fee: \$ _____			
Paid with Application: \$ _____			
Balance: \$ _____			
PLEASE DO NOT SEND CASH. MAKE PAYMENT TO AATI AND SEND IT TO PO BOX 126640, HIALEAH, FL 33012 OR FAX US AT 305-362-3134. POR FAVOR NO MANDAR DINERO EN EFECTIVO. HACER LOS PAGOS A NOMBRE DE AATI Y MANDARLO AL PO BOX 126640, HIALEAH, FL 33012 O MANDE UN FAX AL 305-362-3134. Signing this registration form certifies that I have more than two (2) years of experience in the automobile industry. <i>Al firmar esta forma certifico que tengo mas de dos (2) años de experiencia en la industria automotriz</i>			

Student's Signature/Firma del Aplicante: _____

Date/Fecha: ____/____/____

Admissions Officer's Signature: _____

Date/Fecha: ____/____/____

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www.aationline.com