



# ASIAN AMERICAN WEDDING PROFESSIONALS ASSOCIATION

## STUDENT ENROLLMENT FORM

STUDENT INFORMATION				
Last Name		First Name		M.I.
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone ( ) -		E-mail Address		
Birthdate (mm/dd/yyyy) / /		Social Security No. - -		
Language(s) <input type="checkbox"/> English		<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese - Mandarin	<input type="checkbox"/> Chinese - Cantonese
<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Korean	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Japanese
<input type="checkbox"/> Hindi		<input type="checkbox"/> Tagalog	<input type="checkbox"/> Lao	<input type="checkbox"/> Malay
<input type="checkbox"/> Others (please specify):				
Are you a current member of AAWPA? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, would you like to join to receive discount on tuition? (Please fill application.)		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked in wedding industry? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, how long have you been in the business?		
If you have a wedding business, what is your business name?				
Who referred you? How did you find AAWPA?				
EDUCATION				
High School		City, State		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		City, State		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		City, State		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
EMPLOYMENT				
Company		Phone ( ) -		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities		How Long?		
EMERGENCY CONTACT				
Full Name		Relationship		
Phone ( ) -		Address		

STUDENT'S NAME (LAST, FIRST, M.I.): \_\_\_\_\_

COURSE SELECTION	
<input type="checkbox"/> Certificate Program for Wedding Consultants	\$895 + \$100 Material + \$100 Registration
<input type="checkbox"/> Certificate Program for Wedding Consultants (AAWPA Members)	\$795 + \$100 Material
<input type="checkbox"/> Certificate Program for Wedding and Special Event Master of Ceremonies	\$295 + \$100 Material + \$100 Registration
<input type="checkbox"/> Certificate Program for Wedding and Special Event Master of Ceremonies (AAWPA Member)	\$245 + \$100 Material
<input type="checkbox"/> Wedding Merchant Business Academy in Las Vegas	Please contact AAWPA office for current rate.
PAYMENT METHOD (Your tuition to AAWPA includes study materials, instructional support and exams.)	
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Check or Money Order: Mail to <b>Asian American Wedding Professionals Association</b> 17360 Colima Road, Suite 123, Rowland Heights, CA 91748 <input type="checkbox"/> Paypal: Please add 3% service fee and submit payment to <b>contact@aawpa.com</b>
REFUND POLICY	
Course tuition is not refundable. Course attendance may be postponed but must be rescheduled within 12 months or all payment is forfeited. If requested postpone, the student may be required to pay an additional amount if the course tuition has increased.	
COURSE COMPLETION	
Upon successful completion of your program and full payment of tuition and fees, you will be awarded a certificate. You may request one extension provided that your program is completed within 12 months with \$200 extension fee. Job placement is not guaranteed to students upon program completion. We reserve the right to update or substitute course materials and fees. You may be charged for replacement books and/or materials.	
DISCLAIMER AND SIGNATURE	
By signing the Enrollment Form as a student, I hereby acknowledge that I have reviewed and fully understand the terms and conditions of this Student Enrollment Form and other information describing my program selection. I also understand that I will be responsible for payment of the tuition and fees enumerated on this Enrollment Agreement. This Enrollment Form is not a valid contract until it has been accepted by an authorized representative of Asian American Wedding Professionals Association. Please keep a copy for your records.	
Signature _____	Date _____/_____/_____

OFFICE USE ONLY				
Payment	Date	Method	Amount	Officer
Registration		<input type="checkbox"/> CK <input type="checkbox"/> CA <input type="checkbox"/> PP	\$	
Book & Material		<input type="checkbox"/> CK <input type="checkbox"/> CA <input type="checkbox"/> PP	\$	
Tuition		<input type="checkbox"/> CK <input type="checkbox"/> CA <input type="checkbox"/> PP	\$	
Other		<input type="checkbox"/> CK <input type="checkbox"/> CA <input type="checkbox"/> PP	\$	
Material Received	<input type="checkbox"/> Textbook <input type="checkbox"/> CD <input type="checkbox"/> Emergency Kit <input type="checkbox"/> Others:			