

WHEN THE FUN STOPS™ - UNDERSTANDING PROBLEM GAMBLING

GROUP TRAINING REQUEST

DATE: _____ REQUESTED BY: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ E-MAIL _____

GROUP RATES:
(per person)

20 to 60.....	\$30.00
61 to 80.....	\$25.00
81 to 100.....	\$20.00
100 to 120.....	\$15.00
121 or more.....	\$12.00

CLASS SIZE RESTRICTIONS:

- NCPG - Minimum of 10, maximum of 30 participants
- Alternate locations – restrictions will be applied as needed to insure effectiveness of training

<u>Requested Session Dates</u>	<u>Start Time</u>	<u># Scheduled Participants</u>	<u>Location (NCPG or Designate Alternate Site)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

TOTAL DUE: _____ @ _____ ea. = \$ _____
(Total # Scheduled) (Corresponding Group Rate)

TERMS AND CONDITIONS

Group rate is based on the total number of participants you have scheduled for training. Payment for the total amount due must be made prior to the first training session scheduled. Upon completion of training sessions, company will be invoiced at the above rate for any additional participants attending, in excess of total number scheduled. In the event actual attendance falls short of the number of participants scheduled, no refunds will be issued. Companies requesting training at an alternate site must be able to provide appropriate training facility with required audio/visual equipment and will be charged an additional administrative fee of \$50 per day for each day that training is scheduled. Other terms and conditions may apply.

Please mail or fax this completed request to:



4340 S. Valley View Blvd., Suite 220
Las Vegas, NV 89103
Phone (702) 369-9740 / FAX (702) 369-9765

Upon receipt of this form, NCPG will contact you to discuss your request and finalize your training agreement. For assistance completing this form, please contact our Program Coordinator at (702) 369-9740.