



MSCA D Crash Course Application

Massachusetts Systems Contractors Association, Inc.

"Representing and Educating the Electronic Systems Industry since 1978"

1 Merchant Street, Suite 112 - Sharon MA 02067

(T) 781-784-2102 - (F) 781-784-2909

Email: office@msca-systems.org - Website: www.msca-systems.org

PROGRAM OR COURSE NAME: MSCA D Crash Course
COURSE ID: DL-101

Student Name: _____

Company Name: _____

Home Address: _____ City: _____ St: _____ ZIP Code: _____

Home Email: (Required) _____ Cell Phone: _____

- Entrance Requirements: High School Diploma, Completion of MSCA Year 1 and/or Year 2 of EST Program
- Registration Deadline: 1 week before course date
- Clock Hours: **Saturday Class – 8 Hours**
Sunday Class – 8 Hours
Total Hours – 16 Hours

Course Information:

- Course Location: MSCA , 1 Merchant Street, suite 112 ~ Sharon MA 02067
- Course Date: Saturday, June 3, 2017 and/or Sunday, June 4, 2017
 - *Student may attend one 8 hour class or two 8 hour classes*
- Course hours: 8:00am – 4:00pm

CHART OF COSTS AND PAYMENT METHODS PER COURSE – Prices Subject to Change

*MSCA or NSCA Membership Status	Total Cost	Method of Payment	Enrollment Fee	Book Fee	Tuition	Total Due with Enrollment	Discounts	Adjusted Total Charges	Type of Class	Payment Method (Check One)
Member Rate <i>Saturday & Sunday</i>	\$249.00	Paid in Full	\$0	N/A	\$249.00	\$249.00	None	\$249.00	Saturday & Sunday	
Member Rate <i>Saturday ONLY</i>	\$139.00	Paid in Full	\$0	N/A	\$139.00	\$139.00	None	\$139.00	Saturday Only	
Member Rate <i>Sunday ONLY</i>	\$139.00	Paid in Full	\$0	N/A	\$139.00	\$139.00	None	\$139.00	Sunday Only	
Non-Member Rate <i>Saturday & Sunday</i>	\$350.00	Paid in Full	\$0	N/A	\$350.00	\$350.00	None	\$350.00	Saturday & Sunday	
Non-Member Rate <i>Saturday ONLY</i>	\$189.00	Paid in Full	\$0	N/A	\$189.00	\$189.00	None	\$189.00	Saturday Only	
Non-Member Rate <i>Sunday ONLY</i>	\$189.00	Paid in Full	\$0	N/A	\$189.00	\$189.00	None	\$189.00	Sunday Only	
<i>Estimate of additional expenses to be incurred by student: None</i>										
<i>*MSCA – Massachusetts Systems Contractors Association, Inc., NSCA – National Systems Contractors Association</i>										

TOTAL AMOUNT ENCLOSED: _____

PAYMENT METHOD: _____ CASH _____ CHECK _____ CREDIT CARD

CREDIT CARD INFORMATION (*Please Complete Information Below*)

CREDIT CARD TYPE: _____ MASTER CARD _____ VISA _____ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____ BILLING ZIP CODE: _____

SECURITY CODE: _____ TOTAL AMOUNT CHARGED: _____

SIGNATURE: _____



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CLASS CANCELLATION POLICY

We reserve the right to cancel a class if the minimum enrollment of 20 students is not met. In that event a full refund will be issued to all enrollees.

REFUND POLICY: (AS PER M.G.L. CHAPTER 255, SECTION 13K)

1. You may terminate this agreement at any time.
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

This section shall not apply to public and nonprofit schools and shall not affect the provisions of section forty-eight of chapter ninety-three or section fourteen of chapter two hundred and fifty-five D, which provides a right of cancellation for certain contracts.

Whoever fails to comply with this section shall be deemed to have committed an unfair and deceptive practice under section two of chapter ninety-three A.

Whoever violates the provisions of this section shall be punished by a fine of not more than one thousand dollars or by imprisonment for not more than six months, or both.

ADMINISTRATIVE COSTS EQUAL \$ 0.00

This School is licensed by the Office of Private Occupational School Education, Division of Professional Licensure.

PHONE: 617-727-5811 EMAIL: occupational.schools@state.ma.us

STUDENT SIGNATURE: _____ DATE: _____

PRINT NAME: _____

SCHOOL OFFICIAL SIGNATURE: _____ DATE: _____

PRINT NAME: Jessica A. Donovan

I, the student, have received a completed and signed copy of this agreement on date: _____
_____ (Student Initials)



MSCA D Crash Course Enrollment Agreement

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5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty- five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7.
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ADMINISTRATIVE COSTS EQUAL \$ 0.00

I have been provided a copy of the School's Catalogue and Policies in a manner of my choosing and I am initialing my choice:
 hard copy send via fax send via mail

Student's Initials:

_____ I understand this contract will not be in force and effect until signed by both myself and a school representative.

_____ I have received a copy of the school's complaint procedures policy.

_____ I understand the refund policy as stated above.

_____ I understand that coursework and/or credit from this school may not be transferable to other Institutions of education and acceptance is at the discretion of the receiving institution.

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PRINT NAME: _____

SCHOOL OFFICIAL SIGNATURE: _____ DATE: _____

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