

**Training Class
Registration Form**



**2702 Agriculture Drive
Madison, WI 53718
(608) 663-2000 T
(608) 442-0141 F**

Fill out this form on your computer. Print and fax a signed copy to (608) 442-0141.

Name:	<input type="text"/>		
Title:	<input type="text"/>		
Company:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Day Phone:	<input type="text"/>	Night Phone:	<input type="text"/>
Fax:	<input type="text"/>		
E-mail:	<input type="text"/>		

Are you pursuing vendor certification? Yes No

Windows or Macintosh platform? Windows Macintosh

Class Name	Date	Attendee Name	E-mail	Amount
TOTAL				

Payment Information	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check Enclosed
Credit Card No:	<input type="text"/>	Exp. Date: <input type="text"/>
Name on Card:	<input type="text"/>	
Billing Address:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/> Zip Code: <input type="text"/>
Signature:	<input type="text"/>	

Rescheduling and Cancellation Fees

All cancellations and scheduling changes are subject to additional fees and must be in writing. Any class change made at least 10 days before the first day of class will receive full credit for a future class. Cancellations or changes made less than 10 days before a class is scheduled are not eligible for refunds or rescheduling.

We will make every effort to deliver classes for which we have received registrations. We reserve the right to cancel or reschedule training at any time. In the event we cancel a class, we are not liable for any additional expenses you may incur including travel arrangements.

Customer Signature: _____ **Date:** _____