

# CLASS REGISTRATION FORM

<i>BOLD FIELDS ARE REQUIRED</i>	
<b>Contact Name:</b>	
Title:	
Company Name:	
<b>Address:</b>	
Address (cont):	
<b>City:</b>	
County:	
<b>State / Province:</b>	
<b>Country:</b>	
<b>Zip / Postal Code:</b>	
<b>Phone:</b>	
Phone 2:	
Fax:	
<b>Email:</b>	
<b>Comments:</b>	

To register for one of our classes, please print and fill out the registration form above. On the form, let us know which class and date you would like to register for. Once completed, fax it to us at 866-479-0507. Once payment of the required 50% deposit of \$200 is received, a representative will call you to confirm your registration and reserve your seat in our class.