



3880 St. Johns Parkway  
Sanford, FL 32771  
(407) 322-6800

# REGISTRATION FORM

**Be sure to ask for and document ALL required information.**

Registration Taken By: \_\_\_\_\_ Job #: \_\_\_\_\_ Date: \_\_\_\_\_

HOW DID THEY HEAR ABOUT US? \_\_\_\_\_

## ► Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## ► Student Information:

*\*Discount only applies to training cost. Testing and certification NOT included.*

1. Name: _____	Exp Date: _____	Price: \$ _____	Disc.* _____
2. Name: _____	Exp Date: _____	Price: \$ _____	Disc.* _____
3. Name: _____	Exp Date: _____	Price: \$ _____	Disc.* _____
4. Name: _____	Exp Date: _____	Price: \$ _____	Disc.* _____

## ► Class Information:

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Exams: Initial Recert None

## ► Company Information:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ► Shipping Address:

Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ► Billing Information:

Billing Company (if different than above): \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Payment Method: Visa MC Amex Disc PO: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
CC#: \_\_\_\_\_ Exp date: \_\_\_\_\_ Code: \_\_\_\_\_  
Send Receipt to: \_\_\_\_\_

Updated Calendar: \_\_\_\_\_  
Entered in Zoho: \_\_\_\_\_  
Confirmation sent: \_\_\_\_\_

Link Sent: \_\_\_\_\_  
Verified billing zip and cc#: \_\_\_\_\_  
Charged: \_\_\_\_\_