



## CLASS ENROLLMENT FORM

PHONE (757) 220-9699 | FAX (866) 834-7024 | EMAIL: info@projectionsconsulting.com

Course Title	Class Start Date	# Attendees

*Course dates in this catalog are subject to change at any time due to scheduling conflicts. Call (757) 220-9699 to confirm dates. We confirm all registrations by email.*

### Student Information

For multiple students please submit a separate page with the following information for each student.

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Payment Method:**  Check  PO Number

Credit Card -- Account# \_\_\_\_\_ Expiration \_\_\_\_\_

CID \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Visa  Master Card  AMEX

Bill To Address if different:

\_\_\_\_\_

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Payments must be received 10 business days prior to attending class.

Thank you for registering.

- ◆ Please arrive 20 minutes prior to your class time.
- ◆ A picture ID may be required.
- ◆ Please mute cell phones and pagers prior to class.