



# Training Registration Form

Training Date: \_\_\_\_\_

Training Location: \_\_\_\_\_

- Class:  Workflow Automation with AppleScript  Three Day  Two Day  
 Automator Workshop

## Attendee Information

## Payment Information

Today's Date: \_\_\_\_\_

Full payment of the course fee in US Dollars is required prior to the class. Apple Consultant Network members call for special pricing.

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

Method of Payment:

Title: \_\_\_\_\_

Check:  Payable to: TECSoft

Company: \_\_\_\_\_

Credit Card:  VISA  MC  AmEx  Discover

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

Card Number: \_\_\_\_\_

City: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_

Cost per Attendee: Workflow Automation with AppleScript

Zip: \_\_\_\_\_

Two Day Option: 1-2 \$995@, 3-5

Phone: \_\_\_\_\_

\$950@, 6+ \$900@.

Fax: \_\_\_\_\_

Three Day Option: 1-2 \$1495@, 3-5

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

\$1400@, 6+ \$1300@.

Automator Workshop: \$199@.

Number of Attendees: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Thank you for registering for our training. You will receive an invoice with confirmation of your registration and important information about your training via email within one business day of our receipt of this form.

*If billing contact is other than the attendee:*

If you are registering more than one attendee, please print and complete a form for each attendee.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Please return this form via fax or mail.