

**PLEASE PRINT**

Submit completed form and payment to our office for course registration

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

MAIL CODE, DEPT/BLDG: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE / PROVINCE: \_\_\_\_\_

ZIP / POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COURSE: \_\_\_\_\_

COURSE DATES/ TIME: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

**COURSE FEE PAYMENT**

Method of Payment:  Charge My Credit Card     My Check# \_\_\_\_\_ Is Enclosed     Invoice Us  
(Please make checks payable to AEIS LLC)    (Existing Clients Only)

Amount: \$ \_\_\_\_\_

Type of Card:  MasterCard     Visa     AMEX    Card Number: \_\_\_\_\_

Name on card: \_\_\_\_\_    Card Expiration Date: \_\_\_\_\_

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