

# Business Objects Class Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work FAX: \_\_\_\_\_

## Class Information

**Course Title** \_\_\_\_\_ **Course Date(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Billing Information

### Method of Payment

Visa  American Express  Master Card Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

Check Enclosed  Training Discount Pack #: \_\_\_\_\_

### Print and complete this registration and then:

- Fax To: **586.677.8301**  
**OR**
- Mail to:  
**Creative Technology and Training Solutions, LLC**  
**56132 Parkview**  
**Shelby Twp., MI 48316**

You will receive confirmation upon receipt of payment

### Cancellation

- Must provide 15 business days prior to class start date for refund
- Substitution with another employee is permitted

Make checks payable to: **Creative Technology and Training Solutions, LLC**