

# Registration & Payment Form for Studio Classes

**Return this form to PubCom**

**email:** training@pubcom.com

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**mail: PubCom**

PO Box 5747

Takoma Park, MD 20913-5747

**Privacy Statement:**

We do not give out names and phone numbers. This information is used only to reach students for emergencies regarding class changes or inclement weather, or to provide information about a class.

Please take appropriate measures to use a secure transmission of your credit card information.

**Cancellation Policy:**

Full refund, less \$50 service fee, for refunds requested at least 7 calendar days before the class. All others will receive credit for future classes.



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

**Class** (select one from the menu) \_\_\_\_\_

Dates of the class \_\_\_\_\_ **Location:** Studio Classes are held at PubCom's lab in Takoma Park

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Preferred Platform:**  Windows  Macintosh **Special Needs:**  Hearing  Eyesight  Mobility

**Contact Person** \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Students [please print clearly or attach a printed roster]**

Name	Office Phone	Home/Cell Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Payment Details**

**Total Amount** \$ \_\_\_\_\_  Visa  MasterCard  **Govt./Corp. PO #** \_\_\_\_\_

Credit Cardholder's Name \_\_\_\_\_ CV2 \_\_\_\_\_  
3 digits on back of card

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_  
if different from address above