

Registration & Payment Form for Studio Classes

Return this form to PubCom

email: training@pubcom.com

fax: 877-978-2266 (toll free)

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.



**Trainers & Consultants
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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