

Training Registration Form

DATE: _____

COMPANY: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

TRAINING CLASS: _____

NUMBER OF ATTENDEES: _____ ATTENDEES: _____

Registration Fee: \$595 / per day. Registrants are responsible for making their own hotel reservations.

Cancellation Policy: Registration fees, less a \$100 cancellation fee, will be refunded for written cancellations received no later than 7 days before the start of the seminar. No refunds will be allowed after that date. Substitutions are permitted.

TERMS OF PAYMENT:

Company policy dictates that payment must be made in full before class date

VISA MASTERCARD AMERICAN EXPRESS CHECK ENCLOSED

CREDIT CARD NUMBER

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EXPIRATION DATE

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NAME: _____

As it appears on card - PLEASE PRINT

BILLING ADDRESS: _____

If different than above

OTHER / COMMENTS

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I hereby authorize 1 EDI Source to charge the credit card above with a one-time charge of _____.

I am enclosing a check for the amount of _____.

Please use this form as your invoice and make checks payable to:
1 EDI Source, Inc., P.O. Box 391466, Solon OH 44139

My signature certifies that I am authorized to sign this Payment Authorization Form on behalf of Company and Company agrees to the terms and conditions contained herein. In no event shall 1 EDI Source be responsible for any charge backs from Company's trading partners.

SIGNATURE _____

DATE _____