

## 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 \_\_\_\_\_