

# COMMONWEALTH COMPUTER TRAINING SOFT SKILLS REGISTRATION FORM

**NAME** \_\_\_\_\_ **Date** \_\_\_\_\_  New Student  
 Returning Student

**EMPLOYER** \_\_\_\_\_ **Industry** \_\_\_\_\_

**BUSINESS Address** \_\_\_\_\_ **RESIDENCE Address** \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

## COURSE SELECTION

Please check the course(s) you want to sign-up for and fill-in the date(s) of the course(s)

TITLE	\$235		DATE
	Full-day	Half-day	
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

One-on-One: \_\_\_\_\_ hours at \_\_\_\_\_ per hour \_\_\_\_\_

## POLICIES

**Registration Policy:** Classes are offered on a first-come, first-served basis. Seating is limited, so register for your classes as soon as possible. If a class is full, you may be placed on the waiting list, and will be notified if space becomes available. Commonwealth Computer Training reserves the right to reschedule or cancel classes, and it is our policy to notify students at least 3 business days before the scheduled class date if a class has been rescheduled or cancelled.

**Attendance Policy:** Please arrive 10 minutes prior to class time. If you arrive more than 15 minutes late, we may give your seat to another student. If you arrive more than 30 minutes late, you may not be admitted.

## COURSE PAYMENT

Payment is required to hold your seat in class.

**Total Cost** \_\_\_\_\_

Check..... Check # \_\_\_\_\_  
 (Payable to Commonwealth Computer Training)

Charge  
 Visa  MasterCard  American Express

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

## TO REGISTER

**Fax:** Fax this completed form to (804) 288-4831 **Mail:** Mail this completed form with your payment to:  
**Phone:** Call us at (804) 288-8331 Commonwealth Computer Training ■ Forest Plaza II Building  
 7275 Glen Forest Drive, Suite 200 ■ Richmond, VA 23226