

COMMONWEALTH COMPUTER TRAINING

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)

6-Hour Training, 9:00 AM – 4:00 PM **\$215 each**

Microsoft Classes:	2003	2007	DATE
<input type="checkbox"/> Access Level 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Access Level 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Access Level 3	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Excel Level 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Excel Level 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Excel Level 3	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Intro to Windows (circle one)	XP	Vista	7
<input type="checkbox"/> Outlook Level 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Outlook Level 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> PowerPoint Level 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> PowerPoint Level 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Publisher Level 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Word Level 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Word Level 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Word Level 3	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Office 2007 Overview			_____
<input type="checkbox"/> CUSTOM: _____ hours at _____ per hour			_____
<input type="checkbox"/> OTHER: _____			_____

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 _____

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.

Class Satisfaction: If you are not satisfied with the class you can re-take the class within 60 days free. If you feel you are in the wrong level class, notify the instructor by the first break to reschedule.

Cancellation Policy: You may cancel a scheduled class up to 5:00 pm (EST) 3 business days prior to the scheduled class date with a full refund. To cancel a scheduled class, call our office/24-hour voicemail at (804) 288-8331. For a cancellation less than 3 business days prior to the scheduled class date, no refund will be issued. If you fail to attend a scheduled class without notification (no-show) you will be charged the full class fee.

By signing below I agree to the class policies.

Signed _____ Date _____

TO REGISTER

Fax: Fax this completed form to (804) 288-4831

Phone: Call us at (804) 288-8331

Mail: Mail this completed form with your payment to:

Commonwealth Computer Training ▪ Forest Plaza II Building
7275 Glen Forest Drive, Suite 200 ▪ Richmond, VA 23226