

Control Consultants Inc.

Fax Registration Form

This form is the best way for you to reserve your space in the course of your choice. Payment for the course is required to hold your seat.

Please fax this form to:

Sandy Mason, Training Coordinator
 E-mail: smason@controlconsultantsinc.com
 Phone: (781) 335-8353
 Fax: (781) 335-8506

Attendee Name(s)			
Company			
Billing Address (Street, City, State & Zip Code)			
Phone		Fax	
E-Mail			
Course you are registering for:			

Training Payment Information: Payment mandatory at time of registration. There will be no invoicing for training. Credit cards and check only accepted for payment for training classes. (Company checks can be used as payment as long as you fax a copy of the check with your registration form and mail hard copy).

Name on Card*	
Credit Card Type	
Card Number	
Expiration Date	
V Code	

- The V Code for American Express are the 4-digits found on the front of your card.
- The V Code for the Visa and Master Card is found on the back of the card. (see Pictures below)



*If you want the credit card receipt to be mailed to the attention of someone other than the name on the card, please specify: _____

Payment and Refund Information

The credit card you designate on this form will be charged the full class price within one week of CCI's receipt of the registration form and holds your position in the class. Full payment for each class is due before the class start date. Refunds for canceled registration will be assessed a fee of 30% of the full class price. Registrations canceled within 7 days of a class start date will not be refunded. Class sizes are limited and registration is on a first come first serve basis.

I have read all the information above and agree to all terms and conditions.

Signature required _____