

# Sage Software Training Solutions: Registration Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Reseller: \_\_\_\_\_

Student Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Morning Beverage (Circle One):      Coffee    Tea      Orange Juice      Apple Juice

Class	Date	Tuition
_____	_____	\$ _____
_____	_____	\$ _____
Sub-Total Tuition		\$ _____

Student Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Morning Beverage (Circle One):      Coffee    Tea      Orange Juice      Apple Juice

Class	Date	Tuition
_____	_____	\$ _____
_____	_____	\$ _____
Sub-Total Tuition		\$ _____
Total Tuition		\$ _____

Circle Payment Method:      Visa      MasterCard      American Express      Discover      Company Check Enclosed

Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please forward your registration form and payment to:

Mail:  
Acuity Solutions - ATC  
7881 West Charleston Blvd., Suite 165  
Las Vegas, Nevada 89117

Fax:  
702-932-3102  
Email:  
bdelahay@acuitynv.com

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