

## Course Registration Form

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip Code \_\_\_\_\_  
  
Member ID# \_\_\_\_\_

Please register me for the following classes:

Course Name		Version
Example	Word	2000
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Enclosed is a check/money order for \$ \_\_\_\_\_  
(\$25 per course for training materials)

### Send All Information To:

Training To Go, Inc.  
Attn: Course Registration Dept.  
PO Box 712  
Teaneck, NJ 07666

***Thank you for registering for a course!***