



Course Registration Form

Training Division

8500 Shoal Creek, Building 4, Suite 225

Austin, TX 78757

Instructions

- Please email a scanned, completed registration form to training@microassist.com.
- Student is responsible for meeting all course prerequisites.
- For information or assistance, please call (512) 794-8440.

Course Information

| Course Title | Date | Time | Course Fee (per student) |
|--------------|------|------|--------------------------|
| | | | |
| | | | |

Student Information

| No. | Student Name | Job Title | Phone | Email Address |
|-----|--------------|-----------|-------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Purchasing Information

All cancellations must be received four days before the class start date. Late cancellations will be subject to a full fee charge. Qualified substitutions are permissible with prior notice to Microassist. Classes are subject to rescheduling or cancellation due to low enrollment.

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|--|--|----------------------|--|-----------------------|--|
| Contact Person: | | Phone Number: | | Email Address: | |
| Mailing Address: | | City: | | State: | |
| Zip: | | | | | |
| Payment Information (please choose one): | | | | | |
| Purchase Order* PO# | | Credit Card | | Invoice | |
| | | | | Check | |
| Signature of Person Authorized to Commit Funds: | | | | | |
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