

 Computer Training School

**Workshop Registration Form**

**To Register**:

**By Mail**: Complete this form - mail with your payment to the address shown below.
**By Phone**: Call (603) 286-3300 with your credit card information.
**On-Line**: Email this form to admin@hyslops.com

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Name |       |  | Attendee’s Phone # |       |
| Company |       |  | Email Address |       |
| Street Address |       |  | Contact Person |       |
| City, State, Zip |       |  | Contact Person’s Phone # |       |

**Paying By Credit Card:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Credit Card #: |       | Exp Date: |       |
|  | 3 Digit Security Code: |       | Zip Code for Billing Address: |       |
| If paying by check and registering by Email, check will be mailed on: |       |

|  |  |  |
| --- | --- | --- |
| **Class Date** | **Workshop Title** | **Class Fee** |
|       |       |       |
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|       |       |       |
|  | **TOTAL AMOUNT DUE** |       |

Registration must be paid at the time you register. Email this form to admin@hyslops.com or print & mail with your payment to:

**Hyslop & Associates**PO Box 73, Tilton, NH 03276

**Phone:** (603) 286-3300

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**FOR OFFICE USE ONLY**

PAYMENT PROCESSED ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emailed Receipt on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_