

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](mailto: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: | | | | |  | | | |

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| --- | --- | --- |
| **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](mailto: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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race, color, religion, sex, national origin, age, disability, political affiliation or belief.

**FOR OFFICE USE ONLY**

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