

Registration Form for Training Course

Please complete and return the form below to register for The Empirical Company's Training Sessions	
Name of Attendee(s):	<hr/> <hr/>
Company:	<hr/>
Address:	<hr/> <hr/> <hr/>
E Mail:	<hr/>
Telephone:	<hr/>
Fax:	<hr/>
Please indicate the training session(s) and date(s) for which you wish to register:	
<hr/> Course Requested:	<hr/> Course Date:
<hr/> Class Attendee (first, last):	<hr/> Course Price:
Please fax (509.735.1859) or e-mail (sallyl@empirical-ih.com) your registration form to book your attendance. Confirmation of receipt of your registration and payment will be sent by return post to the address indicated above.	

Name: _____ Signature: _____

Position in company: _____ Date: _____

Payment by check:	Please make check payable to: The Empirical Company, 7320 W. Hood Place, Suite 101 Kennewick, WA 99336	Payment by credit card:	Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Amount: \$ _____ Exp: Date: _____
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Refund Policy: A full refund will be issued only if cancellation is prior to 10 days of the class date. Classes are subject to minimum enrolment and may be cancelled.