

Class Registration Form

To register for a class please complete the form below and mail it with your payment to **Discovery Training Services, P.O. Box 1967, Wallingford, CT 06492** or fax to **203-269-4736**.

Name (Please Print All Information) _____

Organization _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Email Address* _____

Class Title _____ Date _____

Class Title _____ Date _____

Payment enclosed.

Please bill my organization.

If we are invoicing your organization, please provide the following information:

Send Invoice to: _____

Address (if different than above): _____

Phone: _____

Payment: The cost of class is \$95 per person plus 6% CT state sales tax (not applicable to municipal or non-profit organizations). Payment is accepted at class.

Cancellation Policy:

There is a minimum of three students to hold the class. Cancellations for low attendance or inclement weather will be posted online at www.discoverytrain.com and on our telephone message (203-269-2624). Substitutes are allowed at any time. Discovery Training Services reserves the right to cancel a class at any time.

Please note: Filling out this form does not guarantee a place in class. Classes are filled on a first-come first-served basis. You will receive a confirmation e-mail or call from Discovery Training Services.

How did you hear about us? Internet Direct Mail Other

*Providing your e-mail address will allow us to confirm your registration and send you notices of future classes.