

# Adobe Training Courses Registration Form



adobe  
training  
center

## Visual Persuasion

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Email: [mandi@vpclasses.com](mailto:mandi@vpclasses.com)

Web: [www.vpclasses.com](http://www.vpclasses.com)

1. Fill out form
2. Print form and fax to **720.367.5355**  
OR click "Submit Form" button to submit via email.

Name & Title:		
Company:		
Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
Fax Number:	Email Address:	
How did you hear about our classes?		
Will you be bringing a PC or Mac laptop?		
Do you have the software currently installed on your computer?		
(if you do not have the software, a free 30-day trial is available at <a href="http://www.adobe.com">www.adobe.com</a> . If you have questions or problems downloading contact us and we will do everything we can to offer another solution)		

Please list at least 3 objectives that you hope to achieve by taking this course:

1.
2.
3.

Class:	Date:	Location:	Total: \$
Class:	Date:	Location:	Total: \$
Class:	Date:	Location:	Total: \$
\$50 computer rental/software fee (leave blank if bringing own computer)			Fee: \$
			Total: \$

Promotional Code:

## Rescheduling and Class Cancellation Fees

All cancellations and scheduling changes are subject to additional fees and must be in writing. Any class change made at least 10 business days before the first day of class may receive a credit for the amount paid less a \$50 registration fee. With less than 10 days notice but at least 5 days notice, cancellations or rescheduling will result in a credit toward a future class (minus a \$50 registration fee). We are not able to offer credits for no-shows, cancellations or reschedules made with less than 5 business days notice.

While we make every effort to deliver all classes for which we accept registrations, we do reserve the right to cancel or reschedule workshops at any time. In the event we must cancel a class, however, we are not liable for any additional expenses you may incur including travel arrangements.

**Payment Information:**      Credit Card      Check Enclosed (Please fax a copy with form)

**Credit Card Type:**      Visa      Mastercard      Discover      Amex

**Payment Option:**      Pay in full      Interest free payment plan (must use credit card)

Credit Card #:	Expiration Date:
Name On Card:	CVV2:
Billing Address:	Zip Code:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_