

# eGIS Associates, Inc. Training Course Registration Form

Please complete all fields, and only **one** student per form, thank you.

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Fee: \_\_\_\_\_

Student Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

ESRI Software Version:    9.2        9.3        10        other (list) \_\_\_\_\_

**Form of Payment**

Check # \_\_\_\_\_ (Payable to eGIS Associates, Inc.)

Purchase Orders (City, County, Government Agency or Existing Clients) # \_\_\_\_\_

To pay by credit card fill out and email or fax back the credit card payment form. Our email is [training@egisassociates.com](mailto:training@egisassociates.com). Our fax is 1-866-304-3864.

**Cancellation Policy:**

To cancel a student's registration, written notice must be provided to eGIS Associates, Inc. ten (10) working days prior to the class starting date in order to receive a refund or to not be responsible for payment of the class fee. Students that cancel less than ten (10) working days will be allowed to attend a later scheduled class that is within six (6) months of the initially registered class. Substitution of students is allowed at no charge. eGIS Associates, Inc. reserves the right to cancel any scheduled classes due to any conflicts with instructor schedules or low student registration. A minimum of four registered students are needed to constitute a class.

**eGIS Associates, Inc.**  
**Credit Card Payment Form**

To pay by credit card fill out and email or fax back the credit card payment form. Our email is [training@egisassociates.com](mailto:training@egisassociates.com). Our fax is 1-866-304-3864.

Credit Card Type: (Check One)

Visa

Master Card

Discover

Name as it appears on the Card: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment for: (Check one)

Instructor Led Class

Self Paced Class

Online Class

Product: \_\_\_\_\_

Other: (Specify): \_\_\_\_\_

**eGIS Associates, Inc.**  
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