

REGISTRATION FORM

SEMINAR: _____

DATES: _____

ATTENDEES INFORMATION:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____ FAX: _____

I am buying for a friend or colleague. Someone else will be attending this seminar.

Name of persons that will attend the seminar:

1. Name: _____ E-mail: _____ Phone: _____

2. Name: _____ E-mail: _____ Phone: _____

3. Name: _____ E-mail: _____ Phone: _____

4. Name: _____ E-mail: _____ Phone: _____

5. Name: _____ E-mail: _____ Phone: _____

METHOD OF PAYMENT

Visa Master Card Amex Check Purchase Order

Card No. _____ Expiration date: _____ Card Code: _____

Name on Card: _____ Address: _____

Check must be payable to **Technology Learning Institute**.

Check or Purchase order must be attached with this form.

To enroll by fax send this form to: 787-783-6117

To enroll by mail send this form to: P O Box 366584, San Juan, P. R. 00936