



DeLisle Associates LTD
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TRAINING REGISTRATION FORM

Please make a copy of this form for each registered class

Today's Date: _____
 Company Name: _____
 Contact: _____ Phone: _____
 Address: _____
 Email: _____

CLASS INFORMATION

Class Name: _____
 Class Dates: From: _____ To: _____
 DeLisle's Location or Other Location: _____
(Travel fees applied to "other class locations". Call for a quote)

LIST OF ATTENDEES

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

PAYMENT INFORMATION

Number of Attendees: _____ **Cost per Attendee:** \$ _____ **Total Amount Due:** \$ _____
 We except credit cards, company checks and cash. Payment is due on or before the start of class.
 Payment Method: Credit Card Cash Company Check

There is a 3-person minimum attendance policy. Those who registered for a class that does not meet the 3-person minimum, will be notified three days before class to reschedule. We will make every attempt to keep the class in session.

Signature _____ By signing this, you accept the terms of this registration.