academyX
expert computer training

PO # 20110602

180 Promenade Circle, Suite 110 Sacramento , CA 95834
Telephone: 916.333.5734 **FAX: 916.333.5720**

PURCHASE ORDER ENROLLMENT FORM

Today's Date: 6/2/2011

STUDENT INFORMATION: PLEASE PRINT

Name: Betty Dunn

Business Name: Office of State Publishing Dept./Program: _____

Business Mailing Address: 344 North 7th Street Sacramento, CA 95814

Office Phone: _____ Fax: _____

E-mail: Betty.Dunn@dgs.ca.gov

COURSE INFORMATION Location: _____

Course 1: Excel 2003 Fundamentals Date: June 6, 2011 Price: $116

Course 2: Excel 2003 Intermediate Date: August 10, 2011 Price: $116

Course 3: _____ Date: _____ Price: _____

PAYMENT METHOD / BILLING INFORMATION

Payment Method (include credit card # and expiration if applicable): _____

Billing Address: _____

_____

Billing Contact: _____

Billing Phone: _____ Billing E-mail: _____

Departments are directly responsible for payment to AcademyX. We accept purchase orders, checks, and credit cards. Please call the registrar at 916.333.5710 for assistance.

ADDITIONAL INFORMATION

Enrollment Process: Fax completed/signed registration form to: 916.333.5720.
Class Times: All classes are from 9:00am to 4:00pm, unless otherwise indicated.
Class Location: The location of your course will be listed on your confirmation letter. If you have questions, or need directions, please call 916.333.5710 for assistance.
Cancellation Policy: If you are not able to attend the classes you are enrolled in, please call 916.333.5710 to cancel your reservation. Cancellations must be made at least 5 working days before the start of class, in order to avoid a charge. ***If you cancel later than the 5 days before class, or don't show up at all, you will be charged the full amount of the class***. AcademyX reserves the right to reschedule and or cancel due to low enrollment.
Confirmation: A confirmation of your enrollment will be e-mailed and/or faxed to you within 24 hours of receiving a completed registration form. Class time and location will be included in the confirmation letter.

I AGREE THAT:

- If I am authorized to sign POs on behalf of my company, then my company will pay for this training
- If I am not authorized to sign POs on behalf of my company, then I am liable for the training fees myself
- I have read and agreed to the reschedule/cancellation/retake policy posted on the AcademyX web site at www.academyx.com/about/policy

REQUIRED SIGNATURE

Supervisor Signature / Payment Authorizer: _____

Printed Name: _____

Phone: _____ Email: _____

Fax: _____ Fax: _____

FAX completed form to 916.333.5720