

**Customer Contact Info**

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

Contact Name: \_\_\_\_\_

Company Billing Address: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

**Courses**

Course:	Location:	Price:	Date(s):
<input type="checkbox"/> Introduction To Master Builder	Boston	\$700.00	_____
<input type="checkbox"/> Financial Management	Boston	\$500.00	_____
<input type="checkbox"/> Estimating With Prolog	Boston	\$500.00	_____
<input type="checkbox"/> MB Report Writing	Boston	\$350.00	_____
<input type="checkbox"/> Project Management	Boston	\$500.00	_____
<input type="checkbox"/> Service Receivables	Boston	\$500.00	_____

**List of Students**

Attendee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Total Number of Students: \_\_\_\_\_ x \$ \_\_\_\_\_ / Student = \$ \_\_\_\_\_

**Payment Method**

Check     Credit Card

Type:     Visa     Mastercard     American Express     Discover

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

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cancellations/  
Rescheduling

ALL CANCELLATIONS/RESCHEDULING MUST BE DONE IN WRITING BY FAXING TO 978-246-0248. NO OTHER FORM OF CANCELLATION WILL BE ACCEPTABLE. IF YOU CANCEL AT LEAST 10 BUSINESS DAYS PRIOR TO CLASS, WE WILL APPLY YOUR PAYMENT TO A FUTURE TRAINING CLASS. IN ORDER TO RESERVE YOUR SPOT IN ANY CLASS PREPAYMENT IS REQUIRED BY CHECK OR CREDIT CARD.

**Customer Authorization**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THANK YOU FOR YOU BUSINESS!**