



## Class Registration Form

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Class Name: \_\_\_\_\_  
 Class Date: \_\_\_\_\_

### **Method of Payment**

Check      Visa      Mastercard      Amex      PO# \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Cardholder's Name (as it appears on credit card): \_\_\_\_\_  
 (please print)  
 Cardholder's Authorization: \_\_\_\_\_  
 (please sign)

\* **Note:** Pre-payment is required 14 days prior to class date. Please see Cancellation and Rescheduling Policy.

Please fill out completely and fax to 784-4913 or send to the following address:

Advanced MicroSystems, Inc.  
 35 Canal Street  
 Lewiston, ME 04240