

\* WinTRF Estimating and Time &amp; Material Training Class Registration

# Fax

**From:****Company:** \_\_\_\_\_**Re:** \_\_\_\_\_**Phone:** \_\_\_\_\_**Attendees**

First Name	Last Name

Payment Method:     - MasterCard     - Visa     - American Express     - Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Credit Card Billing Address \_\_\_\_\_

Credit Card Billing City, State and Zip \_\_\_\_\_

Credit Card Billing Phone Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Charge Payment in Full \_\_\_\_\_ or Deposit Only \_\_\_\_\_

**Note:** If Deposit Only Balance will be charged at the completion of the class.**Class Schedule****When:** November 10th & November 11th, 2011**Where:** 4520 Paradise Road  
Las Vegas, NV 89109  
(702) 369-3366**Time:** 9:00 AM to 4:00PM