



**Flexographic Trade Services**

3536 Centre Circle  
 Ft. Mill, SC 29715  
 p. 803-802-5211 f. 803-802-5228

**Training Registration Form**

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

**Attendee Information**

**Class Information**

Class:	Start Date:
Name	Phone #:
Company:	Fax #:
Street Address:	Email:
City, State, Zip Code:	

**Payment Information**

<input type="checkbox"/> Check (Made payable to Flexographic Trade School)  Mail check to PO Box 7048, Charlotte, NC 28241 (Payment must be rec'd within 7 days of registration or prior to day of class whichever comes first or spot cannot be held)	<input type="checkbox"/> Invoice Me  (Payment must be rec'd within 7 days of registration or prior to day of class whichever comes first or spot cannot be held)
<input type="checkbox"/> Credit Card  Type of Card: _____ Name on Card: _____ Card#: _____ Billing Street: _____ Exp. Date: _____ City: _____ State: ____ Zip Code: _____ Signature: _____	

**Cancellation Policy**

Cancellation of training is limited to the following policy: No refund for any training cancelled 10-29 days prior to class, you can reschedule for another date; a 50% refund for training cancelled 30-90 days prior to seminar date: 90% refund for cancellations 90+ days in advance. **No-exceptions**. Thank You! (Cancellation must be submitted in writing.) You have until two weeks prior to date of class to cancel. Any cancellations made within 2 weeks of the class will not be entitled to a refund or reschedule.

**Authorization**

I have read and understand the cancellation policy as stated above.

Signature: X \_\_\_\_\_

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