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Phone 336.834.8775  
Fax 336.856.2945  
www.workplacegroup.net

## Course Registration Form

**Please Complete and Fax**

**Company:** \_\_\_\_\_

**Name:** \_\_\_\_\_

(use next page for additional attendees)

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_

**Fax:** (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_

- Check here if you would like to receive email notices about special course offerings, product developments, or other news.

**Course Title:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_

**Course Location:** \_\_\_\_\_

(use next page for additional courses for this attendee )

### Payment method:

Check is enclosed (amount- \$ \_\_\_\_\_)

Please bill me (Purchase Order # \_\_\_\_\_)

**Signature:** \_\_\_\_\_

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

A confirmation letter will be sent after your course registration form is received and processed. Directions to the facility and any special instructions will be included.

Payment is due once you have received your confirmation letter (or have spoken to our registrar to confirm space in the class). Any payments not received one week prior to the course date will result in cancellation of space. If you have any questions, please feel free to call our office at (336) 931-0300.

Thank you for choosing Workplace Group for your training!

List additional courses or attendees here.

Name: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Course Date: \_\_\_\_\_  
Course Location: \_\_\_\_\_

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Course Title: \_\_\_\_\_  
Course Date: \_\_\_\_\_  
Course Location: \_\_\_\_\_

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