

REGISTRATION FORM

WEDNESDAY, MARCH 27 2019

Mail, Fax, or E-mail this form to:

DATCS

P.O. Box 5819

Longview, TX 75608

Fax: (903) 234-9060

E-mail: accounting@datcs.com

Company Address:

Company Name _____

Street Address _____

City, State, ZIP _____

Phone & Fax _____

DEADLINE FOR REGISTRATION

MARCH 25, 2019

Company Name: _____

Training certificates will be handed out after the class. Please **PRINT** the names on the registration form as you want them to appear on the certificates.

FEE: \$150/person

Person(s) Attending:

1. _____

2. _____

3. _____

Contact person: _____ Contact Phone #: _____

Contact E-mail: _____

Payment Method: Check (may be mailed with registration form)



Credit Card Type: Visa MasterCard Discover Amex

Card #: _____ Code: _____ Exp. Date: _____ Billing ZIP: _____

PLEASE CALL OUR CUSTOMER SERVICE DEPARTMENT AT 903-234-1136 IF YOU HAVE ANY QUESTIONS