



# CLASS REGISTRATION FORM

Select Your Course:

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

Contact [edu.pierian@androsysinc.com](mailto:edu.pierian@androsysinc.com) for price.

## Registration Info:

Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country (if not U.S.) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Payment Info (check one):**       Check       Credit Card

Name (As it appears on card): \_\_\_\_\_  
Credit Card Type: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
Address Line #2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Please make checks payable to: Andromeda Systems, Inc. Payment will be processed at the time of registration approval. Cancellations within 2 weeks of class start will result in full registration fee charged, however, substitution of students is allowed.

### Fax or mail this registration form to:

Phone: (904) 637-2020  
Fax: (904) 637-2021  
Email: [edu.pierian@androsysinc.com](mailto:edu.pierian@androsysinc.com)  
Web: <https://androsysinc.com>

Andromeda Systems Inc.  
Attn: Training  
6255 Lake Gray Blvd., Suite 4  
Jacksonville, FL 32244

### For more information contact:

Alysia Rodgers at (904) 402-8680  
[alysia.rodgers@androsysinc.com](mailto:alysia.rodgers@androsysinc.com)

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