



## City of Salisbury, NC Training Room ESRI Authorized Partner Education Center Registration Application

**A completed registration application form is required from each student.** Incomplete registration forms may delay your class reservations. Please complete and mail or fax this form to the center at least one week prior to the date your class begins. Before doing so, contact the GIS Coordinator (704-638-5246 or katclif@salisburync.gov) for course availability. Registrations are processed on a first-come, first-served basis. Please read and sign below.

**STUDENT NAME AND ORGANIZATION INFORMATION** (Please print your name as you wish it to appear on your class certificate.)

Student Name \_\_\_\_\_ Organization and Department \_\_\_\_\_

Organization Street Address (No PO Boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Would you like to receive our GIS Division Newsletter, *GIS In the News*?  Yes  No

How did you learn about this class? ESRI Web site  City Web site  ArcUser   
 Other: \_\_\_\_\_

**BILLING INFORMATION** (Who is paying for this class? Required if different than student information above.)

Organization \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Department \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**COURSE INFORMATION**

1.			\$
	Class	Dates	
2.			\$
	Class	Dates	
			Total Tuition \$ _____

**PAYMENT INFORMATION**

Proof of payment is required in order to complete your registration. **Prepayment is required** and may be made by check (payable to the City of Salisbury) or credit card. If paying by check, an official check request form should be submitted with your registration form. Please mail or fax your payment and registration form to the GIS Division. The tuition amount includes a **\$100 nonrefundable** data processing fee per class.

Check # \_\_\_\_\_ Check Request # \_\_\_\_\_ PO # \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Visa MasterCard  
 Type of Card (circle one)

**I understand and agree to the terms and conditions of this application.**

\_\_\_\_\_  
**Signature (required)**  
*UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.*

**REGISTRATION PROCEDURE**

1. **Fax** this form to 704-638-8522.
2. **Mail** this form and your payment (or bring it with you to class) to: