



City of Salisbury, NC Training Room Registration Form - Other Training 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? City Web site 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:

City of Salisbury GIS Division PO Box 479 Salisbury, NC 28145-0479