

TSG of Ohio Registration Form
 Attn: TSG Training Services
 9100 South Hills Blvd
 Broadview Hts, OH 44147

Phone: (440) 546-8395
Fax: (440) 546-8309

Student Name:	_____	Manager's Name:*	_____
Student Phone:	_____	Student Fax:*	_____
Student Email:	_____	How were you referred?*	_____
Company Name:	_____	Future Training Interests?*	_____
Mailing Address:	_____		
Billing Contact:*	_____		
Billing Address:*	_____		

*please add info

Class Title	Dates	Price

Method of Payment: Once TSG of Ohio receives the signed registration, a seat will be held for class. Payment is due upon receipt of invoice. Technology Services Group of Ohio LLC (TSGOhio) accepts credit cards, checks, and purchase orders.

<input type="checkbox"/> Amex	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	Credit Card #:	Exp. Date:	Code:
<input type="checkbox"/> Check payable to TSG of OHIO: Check #					
<input type="checkbox"/> Invoice Me Directly via Email or Fax:		Email Address:		Fax Number:	
<input type="checkbox"/> Purchase Order: PO#					
<input type="checkbox"/> Software Assurance(SA) Voucher#:					

TSG of Ohio Rescheduling Policy: We understand unforeseen circumstances may come up prior to class, but we hope that consideration is given to the set-up work and materials ordered prior to each class start date. Please notify TSGOhio in writing as soon as possible if you have to reschedule a class. If you reschedule 5 or more business days prior to the class start date, **100%** of the course fee will be applied to a future class scheduled (same class version). If you reschedule within 5 business days prior to class, a **10% rescheduling fee** of the total course cost will be charged. A **"No Show"** will be liable for the full 100% of the class cost without any credit towards a future class. You may send a replacement with no penalty.

I have read and agree to the terms of this rescheduling policy:

Signature _____ Date _____