



## San Diego CAD/CAM, Inc. TRAINING REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer Sponsor \_\_\_\_\_ Company Phone \_\_\_\_\_

### Class of Interest

- Mastercam Quick Start Class      12 Hrs    3 days    \$425    Start Date: \_\_\_\_\_
- Mastercam Training 60 hr Course\*    60 Hrs    7+ wks    \$1800    Start Date: \_\_\_\_\_
- Mastercam Lathe Course                4 Hrs    1 night    \$10      Start Date: \_\_\_\_\_
- Mastercam X<sup>2</sup> Transition Class        12 Hrs    3 days    \$425    Start Date: \_\_\_\_\_
- Other \_\_\_\_\_ Start Date: \_\_\_\_\_

### Method of Payment

**Classes are first-come first-served. A \$300 deposit or Company PO required to hold a seat in class. Payment in FULL due on or before Class start Date. Payment Plans on Pre-Approval only.**

- Check       Payment Plan *(Approval Required - Signed Promissory Note Required - Finance Charges may apply)*
- Company Purchase Order *(Payable on or before training start date)*    PO# \_\_\_\_\_

**Credit Card --**     Visa     MasterCard     Discover     American Express

Name as it appears on Card \_\_\_\_\_

Billing Address on Card \_\_\_\_\_

Credit Card Number	Expiration	Security number

Yes, I would like San Diego CAD/CAM to charge my class payments to my Credit Card.

- 1 payment     3 Monthly payments     6 Monthly payments
- (upon approval only)*      *(upon approval only)*

Card Authorization Signature \_\_\_\_\_