
Education Registration Form

Please fax the following Information to (703) 766-5048:

Name of the Course: _____

Course Registration date(s) of attendance: ____/____/____ to ____/____/____

Attendee: First name: _____ Last name: _____

Organization: _____

Occupation: _____

Phone Number: () _____ - _____

Email: _____

*For multiple attendees, please attach each additional student's attendee information as shown above to this sheet.

Credit Card Information:

Number of Attendees: _____ Price Per Attendee (as noted on the website): _____

EXIN Examination Fee: Included Enter Total Amount of Charge: \$_____.00

Credit card type: MasterCard VISA AMEX

Name as it appears on credit card: _____

Address of card holder: _____,

City: _____ State: _____, Zip: _____

Email ID of card holder: _____ Phone Number: _____

Card Number: _____ Expiration date: ____/____ CCV# _____

I agree to have the amount shown plus all applicable taxes, charged to my bankcard. I affirm that I am an authorized user of this bankcard, and by signing this authorization to charge accept all cardholder terms and conditions and agree to pay the amount specified.

Credit Authorization Signature: _____