



## ARTSYSTEMS UNIVERSITY SOFTWARE COURSE ORDER FORM

Please enter course names and dates for the sessions for which you wish to register below, plus contact and payment information, and fax to **+1 212 741-1846**.

You and each attendee will receive an email confirmation of each registration within 24 hours.

**Your Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Your Email:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

COURSE NAME(S):	DATE	PRICE	STUDENT NAME	STUDENT EMAIL ADDRESS	PHONE

**TOTAL PMT:** \$ \_\_\_\_\_  MC  VISA  AMEX

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_ / \_\_\_\_

**Name on Card:** \_\_\_\_\_ **Auth. Sig.:** \_\_\_\_\_

**Billing address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

### TERMS AND REQUIREMENTS:

**Tuition is not refundable unless reservation is cancelled seven days prior to session. Late-cancelled or missed sessions may only be rescheduled for a \$25 fee.**

Students must have experience with computers and must be familiar with the Internet and the Windows environment. Students must have a broadband (T1, DSL, or Cable) Internet connection to join. Speaker phones may not be used.