



PUBLIC TRAINING REGISTRATION FORM

Instructions: Complete all appropriate sections of the form and fax it to the Sky IT Group's Education Department at: (770) 234-5532. If you are uncertain about any item on this form, please contact SkyED at (866) 641-6017.

SECTION I STUDENT CONTACT INFORMATION PLEASE PRINT

RE QU IR ED	NAME	Last Name first, First Name last	
	COMPANY		EMAIL ADDRESS (REQUIRED FOR CONFIRMATION)
	DIVISION		
	ADDRESS		PHONE NUMBER
	CITY, STATE ZIP		FAX NUMBER
	DISABILITY ACCOMMODATION REQUIRED (Auditory, Mobility, Visual, Other)		Managers Name & Phone Number

SECTION II STUDENT COURSE INFORMATION

COURSE TITLE	DURATION	DATE(S)	COURSE PRICE
COURSE #1: _____	_____	_____	_____
COURSE #2: _____	_____	_____	_____
COURSE #3: _____	_____	_____	_____
COURSE #4: _____	_____	_____	_____
COURSE #5: _____	_____	_____	_____
LOCATION: _____		TOTAL:	_____

POLICIES AND PROCEDURES

CONFIRMATION OF ENROLLMENT: After registration is complete, each student will receive a confirmation email with details about the class location, times, dates, hotel and travel information. If you have not received a notification letter by five working days prior to the class, please contact SkyEd to ensure that you have been enrolled.

CANCELLATIONS, SUBSTITUTIONS, NO-SHOWS: Sky reserves the right to cancel any course 10 business days prior to the scheduled start date. For student cancellations, a full refund will be given with written notification up to 10 business days before the class start date. For cancellations made within 10 business days prior to class start date, without re-scheduling within a 2 month time frame, registrants will be charged 50% of the course tuition. For cancellations, made within 6 business days of the training start date, payment is non-refundable. Sky IT Group assumes no responsibility for any travel and cancellation charges incurred.

PAYMENT: Payment must be made in full at least 6 business days prior to the training class date. Sky IT Group accepts the following types of payment: Credit Card (Visa, Mastercard, American Express, Diners Club), Purchase Order for billing, and check. Please make checks payable to: Sky IT Group. Mail payment to: Sky IT Group, 330 Seventh Ave., 12th Floor, New York, NY 10001, Attn: Accounts Payable Department. For purchase orders, a signed PO must be faxed to the Education Department, at 770-234-5532 at least 5 business days before class start date. Upon receiving a Purchase Order, an invoice will be sent to the company contact, the student enters below. All invoices are Net 30. A finance charge will added to invoices that are 60, 90 & 120 days past due.

By signing, and dating this registration form, you agree to these terms and conditions.

SKY IT GROUP EDUCATION DEPARTMENT - 1-866-641-6017

I wish to purchase _____ training vouchers at \$750 per day, per student. Total cost: \$_____ (5 voucher minimum - 10% savings)

