

# REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

SUBJECT	DATE(S)	TIME	PRICE
<b>TOTAL:</b>			<b>\$</b>

**To pay by check:**

Please make check payable to **COMPUTERS ETC.**

**Mailing Address:**

Computers Etc. Software Training Center, Inc.  
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