

# REGISTRATION FORM

**Computers Etc Software Training Center**

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**Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-State-Zip \_\_\_\_\_  
Phone (day) \_\_\_\_\_  
E-mail \_\_\_\_\_

**Payment Method:**

Credit Card # \_\_\_\_\_  
Exp. Date: \_\_\_\_/\_\_\_\_ Security Code # \_\_\_\_\_ (look on reverse side of credit card)  
Type (circle one):    Visa        MasterCard        Discover        American Express

**NOTE:** If paying by check make it payable to *Computers Etc* (see mailing address above).  
Your registration becomes effective once payment is received.

SUBJECT – COURSE NUMBER	DATE	TIME	PRICE
<b>TOTAL:</b>			<b>\$</b>