



SIERRA CAD/CAM, Inc.

TRAINING CLASS REGISTRATION

NAME: _____ **DATE:** _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BUSINESS PHONE: _____ **FAX:** _____

EMAIL: _____



PLEASE INDICATE STUDENT, CLASS, AND DATE EACH STUDENT WILL ATTEND:

NAME: _____ CLASS: _____ DATE: _____ PRICE: _____

NAME: _____ CLASS: _____ DATE: _____ PRICE: _____

NAME: _____ CLASS: _____ DATE: _____ PRICE: _____

NAME: _____ CLASS: _____ DATE: _____ PRICE: _____

PLEASE CALL THE OFFICE AND ASK FOR DAN TO DISCUSS THE PRICES FOR TRAINING

MAIL PAYMENTS TO:

PO BOX 555
BROWNS VALLEY, CA
95918

CONTACT INFO:

PHONE: 530-274-8505
FAX: 530-274-8525

EMAIL:
dan@sierracadcaml.com

METHOD OF PAYMENT

CLASSES ARE FIRST COME FIRST SERVED.
A PAYMENT IS REQUIRED TO HOLD A SEAT IN CLASS.

VISA: _____ MASTERCARD _____ AMERICAN EXPRESS _____ CHECK _____

NAME AS IT APPEARS ON CARD:

BILLING ADDRESS ON CARD

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER _____ EXPIRATION _____

CARD AUTHORIZATION SIGNATURE _____

**ALL CLASSES BEGIN
AT 8:00 AM**