

Phone 813-514-6653



Secure Fax: 813-514-6329

COURSE REGISTRATION FORM

Complete this form and return via our SECURE Fax

Attendee Information Date _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____

Company Name: _____ City/State _____

How did you hear about us _____

Email Address _____

Attendee #2: _____

Email Address: _____

Attendee #3: _____

Email Address: _____

Payment Information

Course Name: _____ Course Date: _____

Payment Method:
 Check Enclosed (Payable to Advanced Tech Academy)
 (Mail check with registration form to **Advanced Tech Academy, 3959 VanDyke Rd., #249, Lutz, FL 33558**)

Credit Card: VISA MASTERCARD AMEX DISCOVER Amount \$ _____

PROMO CODE _____ \$99 Deposit per Attendee required Deposit \$ _____

CARD # _____ - _____ - _____ - _____ Expires: ____ / 20____ Security code _____

Cardholder's Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature _____

Registration is guaranteed only upon receipt of deposit. Deposit is Transferrable but NON-Refundable.
 Balance of payment accepted at the door by company check or Credit Card. No personal checks accepted at door.