

QUEST INTEGRATION TRAINING REGISTRATION FORM

NAME: _____ TITLE: _____

COMPANY: _____ EMAIL: _____

PHONE: _____ FAX: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

- CLASS NAME:**
- | | |
|--------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> SolidWorks Essentials | <input type="checkbox"/> SolidWorks Sheetmetal |
| <input type="checkbox"/> SolidWorks Drawings | <input type="checkbox"/> SolidWorks File Management |
| <input type="checkbox"/> SolidWorks Advanced Assemblies | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> SolidWorks Advanced Parts | <input type="checkbox"/> Simulation Professional |
| <input type="checkbox"/> SolidWorks Routing – for Electrical | <input type="checkbox"/> Motion Simulation |
| <input type="checkbox"/> SolidWorks Routing – for Mechanical | <input type="checkbox"/> Flow Simulation |

CLASS DATE: _____

Quest Integration reserves the right to cancel or reschedule classes as necessary.

PAYMENT: Training must be paid 4-days in advance. Contact us for current pricing.

CANCELLATIONS: If you need to reschedule or cancel, you must do so by 7 working days **before** the training date.

- **Customers on Subscription Service:** Cancellations after this date will result in a cancellation fee of \$50.00. No-shows will not be subject to a refund.
- **Customers not on Subscription Service & Non-customers:** Cancellations after this date will be subject to a 50% cancellation fee. No-shows will not be subject to a refund.

By signing here, I agree to the cancellation policy _____

PAYMENT METHOD: Check Credit Card Purchase Order
If you are paying via Check or Purchase Order, please attach it to this form.

CREDIT CARD AUTHORIZATION: I, _____, authorize Quest

Integration to charge a total of \$_____ to the following credit card.

Card Type: VISA MASTERCARD AMERICAN EXPRESS

Credit Card #: _____ Security Code: _____ Exp. Date: _____

Billing Address: _____
Address City State Zip

Signature: _____ Date: _____

SIGN & REGISTER BY FAX:

QUEST INTEGRATION
Attn: Administration
University of Idaho Research Park
721 Lochsa Street, Suite 9
Post Falls, ID 83854
(800) 370-3750

Ph: (208) 777-4720 Fx: (208) 777-4718

