

# 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 Weldments       |
| <input type="checkbox"/> SolidWorks Advanced Assemblies      | <input type="checkbox"/> SolidWorks File Management |
| <input type="checkbox"/> SolidWorks Advanced Parts           | <input type="checkbox"/> Simulation                 |
| <input type="checkbox"/> SolidWorks Advanced Surfacing       | <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            |
| <input type="checkbox"/> SolidWorks Mold Design              |   |

**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

