



CORPORATE CLIENT COURSE REGISTRATION

| Contact Information  |                 |                             |
|--|-----------------|-----------------------------|
| Company Name:  |                 |                             |
| Address:   |                 |                             |
| City / State / Zip:  |                 |                             |
| Contact Name:  | Phone:          |                             |
| Email Address:   | Fax:            |                             |
| Payment Method:    Visa    MC    Amex    Corporate Check    Class Pack - Enter Class Pack # If Known:  |                 |                             |
| <i>If paying by credit card, an invoice will be forwarded to the email address listed above with on-line payment instructions. Corporate checks should be mailed to the address listed on the invoice.</i> |                 |                             |
| Course ID  | Course Name     | Course Date                 |
| Class 1  |                 |                             |
| Class 2  |                 |                             |
| Class 3  |                 |                             |
| Class 4  |                 |                             |
| Class 5  |                 |                             |
| Course ID<br>(from Above)  | Student(s) Name | Valid Company Email Address |
|  | 1.              |                             |
|  | 2.              |                             |
|  | 3.              |                             |
|  | 4.              |                             |
|  | 5.              |                             |
|  | 6.              |                             |
|  | 7.              |                             |
|  | 8.              |                             |
|  | 9.              |                             |
|  | 10.             |                             |
|  | 11.             |                             |
|  | 12.             |                             |
|  | 13.             |                             |
|  | 14.             |                             |
|  | 15.             |                             |

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**CORPORATE CLIENT COURSE REGISTRATION (Continued)**

**Student Details:** All students being registered for classes under an existing company profile must be active full-time or part-time employees of the company listed above, with a valid company email address. Exceptions must be communicated, and will be handled on a case by case basis. Student email addresses are used to communicate class details, we do not publish or provide student email addresses to outside parties. Training services are provided business-to-business, and any student accessibility requirements, such as interpreters or other, will be arranged and paid for by the students employer listed above; notice of anticipated accessibility requirements must be given to EST at time of registration.

**Payment Details:** An invoice will be delivered to the primary or billing contact email address unless other arrangements have been made. No student will be scheduled for training until payment is received in full by credit card or corporate check. Personal checks are not accepted for corporate clients, unless prior arrangement have been made.

**Cancellation/No Show Policy:** We require 5 or more business days notice to cancel an enrollment in a class. If you cancel with less than 5 business days notice you may be assessed a \$50 late cancellation fee. You will be allowed to reschedule the class for 4 months from the cancellation date. Should a student fail to attend a course for which he or she has been scheduled, payment is due in full. The student may reschedule the class within 4 months from the missed class date and pay a \$50 rescheduling fee. Excel Solutions Team reserves the right to cancel or reschedule courses due to low enrollment. Refunds will be provided if a course is cancelled by Excel Solutions Team.

**SIGNATURE AND AUTHORIZATION**

By signing this agreement I am stating that I understand and agree to Excel Solutions Team's policies. I also understand that my company is 100% liable for all applicable charges.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please complete this form and return it to us by using the Submit button above. After pressing the Submit button, an email will be opened for you to send. If you prefer, you can return the form to us using the following fax or email:**

Fax: (866) 267-8105

Email: [contactinfo@excelsolutionsteam.com](mailto:contactinfo@excelsolutionsteam.com)