

Apple Certified Training Courses - Payment Form

Registration number: _____

Name: _____

Payment Amount

\$

Method of Payment

- Check
- Visa / Mastercard (No Discover or AMEX)

Receipt of \$75.00 non-refundable deposit (applied to the full balance) is required to confirm you place in the class. Full payment of the class fees is due within 2 weeks of the class starting date.

Expiration /

Cardholder's Name: _____

Billing Address _____

I hereby agree to pay the sum set forth above to the bank which issued my card in accordance with the terms of the card for the purchase of goods and services.

Signature: _____

Please mail or fax this form to:

DAAP - Apple Pro Training
 c/o Dan Dugan
 DAAP Aronoff 5470
 PO Box 210016
 Cincinnati, OH 45221-0016
 Phone (513) 556-2938
 Fax (513) 556-0766