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**DocAuto Authorized Training Center
 WorkSpace Manager Certified Engineer 3 –Day Course
 (9:00 AM-4:00 PM)**

COURSE REGISTRATION FORM

Student Name:

Telephone:

Position/Title:

Fax:

Company Name:

Industry (i.e., Legal, Banking, Real Estate, etc.)

Mailing Address:

Email:

City, State and Zip:

Please provide the following information about your DocAuto WorkSpace Manager training and experience. Your instructor will use this information in the development of course discussion and hands-on exercises. Attach a separate page as needed.

DocAuto WorkSpace Manager Background:

Interwoven Experience:

Referred By:

Please fax (214.979.9786) or email (registration@travelingcoaches.com) the completed registration form to Traveling Coaches. Full payment is due ten (10) days in advance of the class. Traveling Coaches requires a minimum number of students for all classes. You will receive an acknowledgement of your registration either by fax or email within two days of receiving your completed registration form. The class can not be confirmed until we have received the minimum number of students. Please do not book your travel until you have received written confirmation from Traveling Coaches. Written confirmation of the class will be provided after the minimum number of students have registered.

Cancellations must be received by Traveling Coaches IN WRITING at least ten (10) days in advance of the class in order to obtain a full refund. Cancellations made within nine (9) days or less of the class are NOT eligible for refund. A written confirmation of your cancellation will be provided upon request.

BILLING INFORMATION:

DocAuto Workspace Manager 3-Day Certified Engineer Course
\$2,200.00 per person in U.S. Dollars.

TOTAL AMOUNT TO BE BILLED \$ _____

I am a Reseller/Integrator for DocAuto

PAYMENT OPTIONS:

- Please charge my credit card (see below)
- Please send me an invoice
- PO Number _____ (optional)

Please check the dates/location you plan to attend:

- March 23-25, 2010
- June 8-10, 2010
- Aug. 10-12, 2010
- Oct. 19-21, 2010

The invoice for my tuition should be forwarded to the attention of another individual within my company. (See Billing Contact Information provided below.)

BILLING CONTACT INFORMATION:

Contact Name:	E-mail:
Mailing Address:	
City, State, Zip:	
Telephone:	Fax:

PLEASE CHARGE: Visa MasterCard AMEX

Total to be charged to credit card:	
Cardholder Name (as it appears on card):	
Credit Card No.:	Expiration Date:
Billing Address (For your security, billing address must be correct in order for payment to be processed.):	

Authorized Cardholder Signature