



FALL 2010 registration form

Company: _____

Address: _____

Phone: _____

Fax: _____

P.O.C.: _____

Attendees: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I'M REGISTERING FOR THE FOLLOWING:

Course Description & Preferred Dates	Cost per Person	No. of Attendees	Total Amount Due

METHOD OF PAYMENT:

Check Enclosed: \$ _____

Visa: \$ _____ Acct #: _____ Exp. _____

MC: \$ _____ Acct #: _____ Exp. _____

AMX: \$ _____ Acct #: _____ Exp. _____

PLEASE RETURN W/ PAYMENT TO:

Mail: Doran Consulting LLC,
 3101 Magic Hollow Boulevard
 Virginia Beach, VA 23453
 Email: mscanlon@doranconsulting.com
 Fax : 757.368.2209

TERMS & CONDITIONS:

- All classes will be held at Doran Consulting's office.
- Advance registration is highly recommended as class size is limited.
- Payment must be received in advance. A refund, less a \$25.00 processing fee will be granted if notice is received 5 days in advance of class.
- Classes are subject to change/cancellation.