



7300 Metro Blvd
Suite 215
Edina MN 55439
Fax 612.367.7333

JobOps Training Registration

To Register: Send this completed Registration Form, along with payment, to the address listed above. *If paying by credit card, you may register via fax at (612) 367-7333.* Your reservation is not confirmed until your tuition is received and confirmed by Synergistic Software Solutions, LLC. Enrollment is limited. If you need additional information, please contact us at the number 800-815-8483.

Class Fees: The JobOps Base and Time Tracker 4 day product certification training class fee is \$1,495.00 for the first attendee, \$1,195.00 for the second attendee and \$995.00 for each additional attendee from the same company.

Cancellation Policy: For students who cancel their enrollment, notice must be provided to Synergistic Software Solutions, LLC two weeks (14 calendar days) prior to the class start date to avoid loss of tuition. Students canceling or rescheduling less than 14 calendar days prior to class start date will be charged 50% of the tuition fee; 24 hours or less cancellation notice or no-shows will forfeit their tuition. Substitution of registrant is allowed at no additional charge.

Classes are subject to cancellation by Synergistic Software Solutions. If you are registered for a class that is canceled, you will be notified as soon as possible, but at least two (2) weeks prior to the course start date with an offer of a full refund or rescheduling for a future class. Class attendees are advised to purchase refundable or changeable airline tickets, as Synergistic Software Solutions, LLC will not be responsible for airline ticket costs and/or charges due to class cancellation.

Class Registration

Company Name: _____

Contact Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____ **Fax:** (_____) _____

e-Mail: _____

Student Name	e-Mail Address	Dates	Tuition
			\$
			\$
			\$
			\$
Total Tuition Due			\$

Payment Method: American Express Visa MasterCard Check # _____ (Enclosed)

Account Number: _____ **Security Code** _____ **Exp. Date:** _____

Print Cardholder Name: _____

Print Cardholder Billing Address: _____

Signature: _____

Please send your payment and this form to:
Synergistic Software Solutions Training,
7300 Metro Blvd, Suite 215, Edina, MN 55439