



7300 Metro Blvd, Suite 215  
 Minneapolis, MN 55439  
 Telephone (612) 367-7300  
 Fax: (612) 367-7333

## Field Service & Dispatch Web 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. If you need additional information, please contact us at the number 800-815-8483. **Course information is available on the JobOps Training web page, by selecting on the Course Details sub-menu link.**

**Class Fees:** The JobOps Field Service & Dispatch product certification web training fee is \$495.00.

**Confirmation:** Confirmation of enrollment will be sent after payment authorization received and when enrollee's Field Service & Dispatch certification is scheduled and confirmed. Certification exam will be scheduled by Training Coordinator when enrollment is received.

**Cancellation Policy:** For students who cancel their enrollment, notice must be provided to Synergistic Software Solutions, LLC one week (7 calendar days) prior to the class start date to avoid loss of tuition. Students canceling or rescheduling less than 7 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.

**Registration End Date:** 1 week prior to start date of class. *See the website for specific registration end dates.*

### Class Registration

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**e-Mail:** \_\_\_\_\_

Student Name	Student e-Mail Address	Dates	Tuition
			\$
			\$
			\$
			\$
<b>Total Tuition Due</b>			<b>\$</b>

**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 Registration,  
 7300 Metro Blvd, Suite 215, Minneapolis, MN 55439