



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

Enhanced Scheduling 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 Enhanced Scheduling product certification web training fee is \$495.00.

Confirmation: Confirmation of enrollment will be sent after payment authorization received and when enrollee's Enhanced Scheduling 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
			\$
			\$
			\$
			\$
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 Registration,
 7300 Metro Blvd, Suite 215, Minneapolis, MN 55439