



Fax Enrollment Form

Call (646) 336-4450 for information
Fax (646) 514-6783

1-On-1 & Private Training

Please indicate *each* student and class enrollment separately and fax this form to 646-514-6783

Important: Please Read Carefully Before Enrolling!

One-on-one and private sessions are arranged and booked *specifically for you* as indicated on this enrollment form. PC Learn trainers with the skills and experience required for your sessions are booked and paid to provide these services, therefore we must strictly adhere to our cancellation and rescheduling policies.

You may cancel or reschedule your private session up to 3 (three) business days before the scheduled date without penalty. You may cancel or reschedule within these 3 days but must pay a 50% (fifty percent) cancellation/rescheduling fee. If you cancel after 5:00pm on the day before or on the day of the scheduled session, you are responsible for 100% (one hundred percent) of the fee. No-shows are also responsible for 100% of the fee. Substitutions are permitted at any time for no additional fee.

Your signature at the bottom of this form indicates your authority to enter into this agreement, your understanding of this policy and that you agree to comply, including full payment of any applicable cancellation or rescheduling fees.

Corporate and Business Enrollments Only. Pursuant to NYS Education Law, Article 101, Section 5001(2)(k), PC Learn offers its Public/Private training services only to prospective participants whose attendance is arranged by and paid for by the companies, entities, or individuals by whom they are employed. No general public enrollments by individuals will be accepted.

1 Billing Address

Company	Contact Name	Fax
Address		Contact Phone
E-Mail		
City	State	Zip

2 Session Information

Subject of Session	Date of Session
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This session will start at ___:___ ^{AM}/_{PM} and end at ___:___ ^{AM}/_{PM} Lasting ___ hours at a rate of \$ ___ per hour.

3 Student Information

Name	Fax	Phone
Name	Fax	Phone
Name	Fax	Phone

4 Payment

Visa MasterCard American Express Company Check

Card # _____ Exp. Date: _____ Name on Card: _____

5 Please Read Cancellation & Rescheduling Policy Above

6 Signature X

Date / /

Signature indicates acceptance of PC Learn policies as outlined above.