



# Group Training Form

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

## Group Training Form

Please fill out this form completely, read the policy, sign at the bottom and fax to 646-514-6783

### Important: Please Read Carefully Before Scheduling!

Group classes are arranged and booked *specifically for your organization* as indicated on this 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 group sessions up to 5 (five) business days before the scheduled date without penalty. You may cancel or reschedule within these 5 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.**

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.

#### 1 Billing Address

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

#### 2 Session Information

Topic or Name of Session			
List All Dates			
Session Start Time	AM PM	Session End Time	AM PM
Total Hours Per Day	Total Number of Days		
Max Number of Students Per session	Base Fee Per Day \$	Fee Per Additional Student Per Day \$	Other Fees \$

#### 3 Session Location

If session(s) is to be held at a location *other than PC Learn*, please fill out the following section:

Company		Contact Name at Location	Contact Phone
Address		Alternate Contact at Location	Contact Phone
Cross Street	Training Room Floor	Room Number	Access Controlled Building? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip	

#### 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.