

TRAINING COURSE REGISTRATION FORM

5-Day Training Course	\$6,000 Per Person	*Group discount may be available
<p>Course does not include student airfare, hotel accommodations, transportation, or any other expenses incurred during the attendance of the class. Hotel accommodations and transportation are available upon request at cost plus a 15% administrative fee. Recommendations are available upon request.</p>		

Section One: Company Information

Company _____ Contact _____

Address Line 1 _____

Address Line 2 _____

City _____ State / Province _____ Country _____ Zip Code _____

Telephone Number _____ E-mail Address _____

Section Two: Student Information

Please enroll the following individual(s) in the following course located at your facility in Houston, TX

Name	Rig	Position	Years Experience	Phone	E-mail address

Section Three: Class Enrollment

Number Attending	Course Date	Course Title	
Rig Cost Center/Purchase Number		Comments	Total Cost

Section Four: Payment Information

<input type="radio"/> Check	To pay by check, you can mail your payment with a copy of this registration form to: Axon Pressure Products Dept. 576 P.O. Box 4346 Houston, TX 77210-4346
<input type="radio"/> Wire Transfers and ACH payments	REC Bank Name AmegyBank 4400 Post Oak Parkway, Ste. POP-202 Houston, TX 77027 REC Bank Acct# 53268470 REC Party Name Axon Pressure Products, Inc. REC Bank Routing 113011258 REC Bank City Houston Swift Code SWBKUS44 REC Bank State Texas
<input type="radio"/> Purchase Order	Please send original copy of PO with this registration form
<input type="radio"/> Credit Card	Complete the credit card authorization information below.

Billing Address Billing Address same as address provided above

Company _____ Attention _____

Address Line 1 _____

Address Line 2 _____

City _____ State / Province _____ Country _____ Zip Code _____

Telephone Number _____ E-mail Address _____

Credit Card Information

Name as it appears on the credit card _____

Credit Card Type: Visa Master Card American Express Card Security Code (CVV2) _____

Credit Card Number _____ Expiration Date _____

Total Payment
Amount (US Dollars) _____

Print Name: _____

Signature _____ Date: _____

For Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Declined Approval Code _____
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