



Ameri-Skills



Training Course Enrollment Form

(You may also enroll online at www.ameriskillstech.com)

<p>Student Information: (Please Print Clearly)</p> <p>Name: _____</p> <p>Home Mailing Address: _____</p> <p>City/State: _____</p> <p>Zip Code: _____</p> <p>Home Phone Number: _____</p> <p>Employer: _____ <u>AT&T</u></p> <p>Work Address: _____</p> <p>City/State: _____</p> <p>Zip Code: _____</p> <p>Union Local #: _____</p>	<p>Student Information (cont.):</p> <p>Job Title: _____</p> <p>Work Phone Number: _____</p> <p>Email: _____</p> <p>Cell Phone Number: _____</p> <p>I can attend classes during: Weekday or Saturday Evenings <input type="checkbox"/></p>
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Method of Payment: (Check the method box that applies)

at&t Horizons Credit Card

Course Interested in: _____

Estimated Start Date: _____

Instructions: To enroll: Please complete this form, sign it and fax to (888) 778-8230. You may also enroll online at www.ameriskillstech.com.

Student Signature: _____ Date: _____
(Required for Enrollment)

Notice to Student: Your signature on this form indicates your intention to attend class. You may cancel this enrollment with full refund of tuition by calling Ameri-Skills and cancelling before start of class. Once class has started, you may withdraw prior to completion for a prorated partial refund. Please retain a copy of this enrollment form and your funding authorization notice.