

# TRAINING CLASS REGISTRATION

For class information, visit:  
[www.essociatesgroup.com](http://www.essociatesgroup.com)

Record Number

Today's Date:

Attendee First Name	Attendee Last Name	Attendee eMail Address	Phone Number	Class ID	Join BFMA
				1st	
				2nd	
				1st	
				2nd	
				1st	
				2nd	
				1st	
				2nd	
Bill to:	Street Address	City	State/Prov.	ZIP/Postal Code	

Select one or more classes. Enter Class ID for desired dates and locations from schedule on Web Site.

		\$US	\$CN	\$US	\$CN
Understanding Forms	A Complete Guide for Design & Management	449.	530.	399.	470.
Forms Analysis & Design	Principles & Practice	499.	588.	449.	530.
Acrobat Forms	Scripting & Enhancing PDF Forms -3 Days	1,195.	1,410.	1,195.	1,410.
Creating Acrobat Forms	Using Acrobat's Built In Forms Tools	750.	885.	750.	885.
Advanced Acrobat Forms	With JavaScript - 2 Day Class	795.	938.	795.	938.
Focused Forms Training	All aspects of forms design and management	795.	938.	795.	938.

First student from same organization pays First Student rate. For selected classes, each additional student from the same organization pays "Add'l. Student" rate. Students opting to take individual days out of a multiple-day class, enter number of days under "Single Day Pricing" below.

Registration Fees Calculations					
United States Dollars			Canadian Dollars		
<b>Understanding Forms</b>					
First Student	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
Additional Students	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
<b>Forms Analysis &amp; Design</b>					
First Student	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
Additional Students	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
<b>Acrobat® Forms - 3 Day Class</b>					
Number of Students	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
<b>Creating Adobe® Acrobat® Forms</b>					
Number of Students	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
<b>Advanced Acrobat® Forms - 2 Day</b>					
Number of Students	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
<b>Focused Forms Training</b>					
Number of Students	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
<b>Single Day Pricing</b>					
Number of Days	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
<b>BFMA Membership New/Renewal</b>					
	_____ @ \$ _____ = \$ _____		_____ @ \$ _____ = \$ _____		
<b>TOTAL AMOUNT DUE: \$ _____</b>			<b>TOTAL AMOUNT DUE: \$ _____</b>		

**Pay by Credit Card**     
  **Send Invoice**     
  **Pay by Check**     
  **Pay by Purchase Order**

Check here and a credit card-enabled invoice will be emailed.     
 An invoice will be mailed to Bill To address above.     
 Check is enclosed. Mail to address below.     
 An invoice will be sent to you.

PO #: \_\_\_\_\_