

PC-Crash In-Person Workshop Registration

Name: _____ Title: _____
Company: _____ Phone: _____
Address: _____ State/Prov: _____
City: _____ ZIP/PC: _____
Email: _____

Additional attendees (Names and emails):

_____	_____
_____	_____
_____	_____
_____	_____

Date	Course	Number attending	Total
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total :			\$ _____

See pricing [here](#).

Your current PC-Crash version number (None if not owned): _____

Please fill out this form, then send it to us at sales@pc-crash.com. We'll send you a link to pay so we can complete your registration. Alternatively, mail this form with a cheque to our office.