
Course Enrollment Agreement

Thank you for choosing AMS CAD + CAFM Solutions for your CAD training needs.

Please carefully read and sign below. After completion, please e-mail (courseinfo@amsystems.com) or fax (973-882-0122) this document back to your AMS representative as confirmation of your registration in the course listed below.

Course Name _____

Start Date _____ End Date _____

Course Tuition _____

Student Name(s) _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail Address _____

Full payment for the course must be made prior to the start of the course. Cancellation of one to seven days prior to the start of the above listed course will result in a cancellation fee of 25% of the above listed tuition. My company reserves the right to substitute an alternate employee upon written notification to an AMS employee. The above listed student(s) or organization is entitled to a full refund should AMS CAD + CAFM Solutions cancel the course listed above for any reason.

I HEREBY CONFIRM THE REGISTRATION(S) AND AGREE TO THE CONDITIONS LISTED ABOVE:

Authorized Person PRINT _____

Authorized Person SIGNATURE _____ Date _____