

THE SYSTEMS SHOP 2006 SPRING/SUMMER TRAINING CALENDAR

Class Name	Class ID	Circle Date(s) Attending		Price
Peachtree —Beginner 101**	PT101	03/29, 04/12, 04/26, 05/17, 05/31, 06/14, 06/28	WED	\$195.00
Peachtree —Intermediate 102**	PT102	03/30, 04/13, 04/27, 05/18, 06/01, 06/15, 06/29	THURS	\$245.00
Peachtree —Report Designer**	PTRPT	04/14, 05/19, 06/16, 06/30	THURS	\$195.00
Peachtree —For OWP Users	PTOWP	03/07, 04/04, 05/02, 06/06, 07/11	TUES	\$195.00
Timeslips —Beginner 201	TS201	03/24, 04/07, 04/28, 05/26, 06/02	FRI	\$195.00
Timeslips —Intermediate 202**	TS202	03/24, 04/07, 04/28, 05/26, 06/02	FRI	\$195.00
Timeslips —Report Designer**	TSRPT	04/14, 05/19	FRI	\$245.00
Timeslips —Transition from Older Version	TSTRS	03/21, 04/11, 05/16, 06/13	TUES	\$245.00
Time Matters —Beginner 101**	TM101	04/20, 05/04, 06/22, 07/13	THURS	\$350.00
Time Matters —Intermediate 102**	TM102	04/21, 05/05, 06/23, 07/14	FRI	\$350.00
QuickBooks —Report Designer	QBRPT	04/18, 05/09, 06/27	TUES	\$195.00

Terms:

- Classes to be paid in advance by check or credit card account no later than five business days prior to the class start time.
- Discount: 10% off second person from same firm, **OR**
- Discount (**): 10% off both courses, if both attended on same day.

Cancellation Fee:

Cancellations made up to three business days before the session are eligible for a full refund, less administrative fee of \$30.00. Later cancellations are subject to the full registration fee, which may be credited toward the next scheduled class. Any registrant who does not attend and does not cancel in advance is responsible for the full registration fee. Substitutions may be made at any time. If The Systems Shop must cancel a class for any reason, you will be entitled to a full refund or credit toward the next available class.

REGISTRATION FORM: Please complete this form in its entirety and fax to **212-807-1325** or mail with your credit card information or check (payable to The Systems Shop) for the full amount due. Use a separate form for each attendee.

Attendee Name: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Number of classes: _____ Total Amount Due: _____

CARDHOLDER INFORMATION:

M/C Visa Amex

Name: _____ Signature: _____
 Card Number: _____ Expiration: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____