

**Customer Information**

Name:

Company:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

**Payment Information**

Please proof the information below and make any corrections necessary. Thank You.

SkillsPlus International Inc. is authorized to charge **\$100.00** to the card below. There may be a 35% cancellation fee once the charge is processed.

This is to order: **Exemptee or Designated Representative Refresher Training**. This class does not qualify for an employee's initial training – only for the refresher. The initial training must have been completed with SkillsPlus. If you need the initial training please call 415.487.3500 or visit [www.skillsplusinc.com](http://www.skillsplusinc.com) and click on Enrollment under the designated representative or exemptee certification links.

Name as it appears on the card: \_\_\_\_\_

Billing address of the credit card if different from the box above:

**Circle One:** VISA / Master Card / American Express

Card Number:

Expiration Date:

CID or Security Code from back of card (4 Digits on the front for American Express):

\_\_\_\_\_  
Signature of the person whose name appears on the card

**Mail to:**  
SkillsPlus International Inc.  
584 Castro Street # 729, San Francisco, CA 94114

**Fax Registration To: (415) 487-1926**  
Telephone: (415) 487-3500  
Fed Tax ID: 68-0415717