Silicon Valley Technical Institute®
1762 Technology Drive, Suite 227
San Jose, CA 95110

SEMINAR REGISTRATION FORM

Please complete and sign this form and fax to SVTI: FAX: 408-573-0200.

STUDENT NAME

First name _____ Last name _____

Title: _____(optional) Company:_____

Mailing Address:_____ (optional)

City _____State_____ Zip code_____ Email: _____

Business Phone:_____ Fax:_____

I want to register for the following seminar/workshop:

Seminar Title "_____"

Start Date: _____End Date: _____ Tuition $_____

Location of Instruction: 1762 Technology Drive, Suite 227, San Jose, CA 95110
Tel: (408) 573-0100, Fax: (408) 573-0200

Enclosed is:
1. Check Amount: _____ 2. Check # :_____

Or: Please charge the following credit card:

_____-_____-_____-_____ _____ _____
Credit Card Number Expiration date Authorizing Signature

Name on the card: _____

To qualify for the advance registration rate, payment should be received prior to the advance registration deadline. The tuition is not refundable unless SVTI receives written notice of cancellation two weeks prior to the start date of the seminar and is subject to 25% service fee. SVTI reserves the right to cancel and/or postpone the seminar if the number of registered students is below a minimum. In this case the tuition will be fully refunded or if preferred by student will be used toward the future seminars. SVTI will not be liable to students travel expenses.

STUDENT
Name _____

Signature _____

Date _____