



Shred School Registration Form

www.shredscool.com

Company Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Prov.: _____ Postal Code: _____

Telephone: _____ Fax: _____

Please list names of attendees as they should appear on Name Badge.

Name: _____ E-mail: _____ T-shirt size: _____

Additional Registration(s): (Must be employee of same company)

Name: _____ E-mail: _____ T-shirt size: _____

Name: _____ E-mail: _____ T-shirt size: _____

Name: _____ E-mail: _____ T-shirt size: _____

Please check the date you will be attending Shred School: (All dates in 2012)

January 25-26 June 6-8 November 14-16

February 22-24 August 22-24 December 12-14

April 25-27

E-MAIL OR FAX Registration Form Attn: Ray (Deposit Non-refundable)

Payment Information:

Total Payment USD Included \$ _____

Enclosed is Check No. _____ Payable to: Total Training Services, P.O. Box 6560, Spartanburg, SC 29304

American Express/Visa/MasterCard #: _____ Expiration Date: _____
Name on Card: _____ Sec. Code: _____ Signature: _____

Please place remaining balance on this credit card upon completion of school

Fax to: (864) 699-0703

Mail to: P.O. Box 6560, Spartanburg, SC 29304

QUESTIONS? Call Ray Barry directly at (864) 699-8417 or E-mail: ray@shredscool.com

Rec'd Date:	Postage Date:	Registered:	Confirmed:
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