



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 2011)

February 2nd-4th May 18th-20th November 2nd-4th

April 20th-22nd August 24th-26th December 7th-9th

Alternate Dates: _____

MAIL OR FAX a month prior to Shred School date for Early Registration Discount (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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