

Prolog® eTraining Registration Form

**FAX YOUR REGISTRATION FORM TODAY Attention Training: (703)995-4606 OR
EMAIL YOUR REGISTRATION FORM TO: training@projectteam.com**

Class	Location	Price
Prolog® Cost Control	eTraining	\$800 per student

eTraining (4) 2-hour sessions from 1-3pm Eastern

This course provides interactive instruction of the fundamentals you need to use the Cost Control module of Prolog Manager 2008. All instructors are experienced AEC industry professionals who can relate to your needs and answer your questions.

Please check date of the eTraining class that you would like to attend:

February 16-19, 2010	June 22-25, 2010	October 19-22, 2010
April 20-23, 2010	August 17-20, 2010	December 14-17, 2010

COMPANY: _____
 CONTACT: _____ Email: _____
 PHONE: _____ FAX: _____
 ADDRESS: _____
 CITY _____ STATE: _____ ZIP: _____

ATTENDEE(S): *Please print*

1) _____ 5) _____
 2) _____ 6) _____
 3) _____ 7) _____
 4) _____ 8) _____

PAYMENT TERMS FAX OR E-MAIL REGISTRATION FORM NOW. CONFIRMATION AND DETAILED ONLINE INFORMATION WILL BE EMAILED TO YOU WITHIN A WEEK OF REGISTRATION. PROJECT TEAM SOLUTIONS RESERVES THE RIGHT TO CANCEL OR RESCHEDULE ANY CLASS; YOU WILL BE NOTIFIED OF ANY CHANGES NO LATER THAN 10 BUSINESS DAYS BEFORE CLASS DATE.

FULL PAYMENT MUST BE RECEIVED 10 BUSINESS DAYS PRIOR TO SCHEDULED CLASS, OR SEAT MAY BE FORFEITED. PLEASE MAKE CHECK AND PURCHASE ORDERS (GOVERNMENT PURCHASE ORDER QUALIFIES AS PAYMENT) MADE PAYABLE TO PROJECT TEAM SOLUTIONS, INC., 4465 BROOKFIELD CORPORATE DRIVE, SUITE 102, CHANTILLY, VA 20151-2107 OR PAY BY CREDIT CARD. ALL FEES MUST BE PAID IN U.S. DOLLARS. REGISTRATIONS MADE LESS THAN 10 BUSINESS DAYS BEFORE CLASS MUST BE PAID BY CREDIT CARD.

CANCELLATIONS/ RESCHEDULING IF YOU CANCEL AT LEAST 15 BUSINESS DAYS PRIOR TO CLASS, WE WILL REFUND YOUR ENTIRE PAYMENT, OR APPLY YOUR PAYMENT TO A FUTURE PROJECT TEAM SOLUTIONS, INC. TRAINING CLASS. REGISTRATIONS CANCELLED 10-15 BUSINESS DAYS PRIOR TO CLASS ARE SUBJECT TO A \$150 CANCELLATION FEE. FULL REGISTRATION FEES ARE APPLIED TO CANCELLATIONS MADE LESS THAN 10 BUSINESS DAYS IN ADVANCE, INCLUDING NO-SHOWS. HOWEVER, YOU MAY SUBSTITUTE A CO-WORKER IN YOUR PLACE.

I AGREE TO ALL TERMS & CONDITIONS.

Name of Training Contact: _____ Date: _____

Training Contact & Payment is required before registration will be processed.

Please charge my: please check (1) box

VISA - Card Number _____ Exp. Date _____

MasterCard - Card Number _____ Exp. Date _____

Card Holder Name (as imprinted on card): _____

Credit Card Billing Address (*If different from BILL TO Company*): _____

Submit