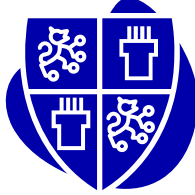


PRINT THIS FORM AND FAX OR MAIL



Termark Technical Institute

Post Office Box 670326 – Coral Springs, Florida 33067-0006
Phone (954) 979-4480 – Toll Free (877) 728-1819– Fax (954) 979-0456
Web: <http://www.termark-tech.org> - E-Mail: training@termark-tech.org

Student Enrollment Form

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Ph: _____

Fax: _____ E-Mail: _____

State Certification # (If Applicable) _____

Class Name: _____

Class Location: _____ Student S.S. # _____

Students are required by state statute to furnish your social security number for state tracking purposes.

Tuition Costs \$ _____

Method of Payment

- Company Check Money Order Cashier's Check
- Discover Card Master Card Visa Card

Card Expires ___ / ___ Name on Card _____

Credit Card Billing Address: _____

Last 3 Digit Code on Back Signature Block

City: _____ State: _____ Zip: _____ CID Code: _____

I hereby authorize The Susquehanna Group LLC d/b/a Termark Technical Institute to charge the aforementioned credit card the amount of tuition stated above. I understand that if the student cited above fails to attend the class or I fail to notify the school within 14 days of the class being held that I will not be attending, I forfeit all claims for a refund. Further I understand that tuition fees are non-refundable except if the class is not held due to the school's inability to occupy the venue scheduled, then the schools total remedy and obligation is for a full refund of all tuitions paid. No warranties are expressed and student nor employer are entitled to consequential or punitive damages under any theory. Continuing Education Credits will be posted to the states data banks as required by law.

Signature: _____