

Silent Knight
"KNIGHT SCHOOL"
Registration Form

Please print or type:

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| | | |
|-----------------------------|-----------------------|---------------|
| Person(s) Attending: | Show Location: | Title: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Cost of the *Road Show* is \$200 per student.

If paying by check, please complete the information above and mail with your check to:

Training Coordinator
Silent Knight
7550 Meridian Circle
Maple Grove, MN 55369

Credit Card (circle one): **VISA AMERICAN EXPRESS**
*NOTE – if using an American Express card please list the name on the card

Card Number: _____ Expiration Date: ____ / ____

Security #: _____

Name on Credit Card: _____

Credit Card Billing Address: _____

City: _____ Sate: _____ Zip Code: _____

If paying by credit card, please complete the information above and fax to:

Training Coordinator – FAX # 763-493-6474

NOTE: The class is limited to 10-18 people. Silent Knight reserves the right to cancel the class if less than 10 people are registered. All monies received will be promptly returned .

SILENT KNIGHT TRAINING DEPARTMENT

7550 Meridian Circle, Maple Grove, MN 55369-4927 * 1-800-328-0103 * FAX 1-763-493-6474

www.silentknight.com