



Computer Training Registration Form

Personal Information

Title (Mr., Mrs., Miss, etc) _____ First Name _____ Last Name _____

Address _____

Telephone _____ Fax _____

Email _____

Nationality _____ First Language _____

Course Selection (Cost: 20,000 UG (\$75) per course)

(Note: All training is scheduled on an as needed basis)

I would like to register for the following program(s) course:

Windows XP Foundation	Word 2003 Advanced	Outlook 2003 Intermediate
Windows XP Intermediate	Excel 2003 Foundation	Outlook 2003 Advanced
Windows XP Advanced	Excel 2003 Intermediate	PowerPoint 2003 Foundation
Internet Explorer	Excel 2003 Advanced	PowerPoint 2003 Intermediate
Word 2003 Foundation	Outlook 2003 Foundation	PowerPoint 2003 Advanced
Word 2003 Intermediate		

Schedule: (Class Start and End Date) _____

Education

Highest Education completed (Certificate, Diploma, College, Graduate School) _____

Name of school _____ Program _____

English Proficiency

English Level:

1 – Introductory 2 – Beginner 3 – Intermediate 4 – Advanced

How did you hear about PC Vision Training Center? _____

Complete this form and submit at least 30 days prior to the start of class with a \$25 registration fee (6750 UG). You must register in person.

One time registration fee. Non Refundable

PC Vision is a non-smoking facility.

All information on this form will be kept confidential and used for registration purposes only.