



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 2009)

March 4th-6th June 3rd-5th November 4th-6th

April 29th-May 1 (Sales Boot Camp) August 26th-28th (For Sales Mgrs) December 2nd-4th

Alternate Dates: _____

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

Payment Information:

Total Payment USD Included \$ _____

Enclosed is Check No. _____ Payable to: Total Training Services, P.O. Box 18291, Spartanburg, SC 29318

American Express/Visa/MasterCard #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

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

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|-------------|---------------|-------------|------------|
| Rec'd Date: | Postage Date: | Registered: | Confirmed: |
|-------------|---------------|-------------|------------|