

# HughesNet Installer Training Registration

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## Participant Information:

- Name: \_\_\_\_\_
- Physical Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Pref: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_ Pref: \_\_\_\_\_
- Work Phone: \_\_\_\_\_ Pref: \_\_\_\_\_
- Email: \_\_\_\_\_

Please mark preferred contact number.

## Class Payment:

- Exact Name on Credit Card: \_\_\_\_\_
- Credit Card Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_ / \_\_\_\_\_
- CVV Code: \_\_\_\_\_ (last three numbers on signature strip of card)
- Billing address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_
- Authorizing Signature: \_\_\_\_\_

Class must be paid for by credit card no later than one (1) week prior to the class date, or two (2) weeks prior to the class date if paying by check.

## Class Specifics:

- Date: TBD
- Time: 8:00am
- Location: TBD

Form must be received in our office with payment (credit card one (1) week, check two (2) weeks) prior to the class date.