



CENTER FOR PRO TOOLS



Avid Learning Partner
Professional

Registration

NAME: _____ **DATE:** _____

COMPANY: _____

STREET: _____

CITY: _____ **STATE/PROVINCE:** _____

POSTAL CODE: _____ **COUNTRY:** _____

EMAIL: _____ **PHONE:** _____

GENDER: **Male** **Female**

Courses (check all that apply)

PACKAGES:	User	Operator Music	Operator Post	Operator VENUE	Expert Music
INDIVIDUAL:	101	110 130	201	210M 210P	310M
VENUE:	110V	210V			
EXAMS:	USER	OPERATOR			

PREFERRED START DATE: _____

Preferred Payment (all sales final)

CASH	CHECK	MONEY ORDER	PURCHASE ORDER	WIRE TRANSFER (fees apply)
VISA	MASTERCARD	AMERICAN EXPRESS	DISCOVER	

Notes

Thank you very much for your interest! You may FAX this form to +1 (407) 674-7860
Email to: info@centerforprotools.com, or postal mail along with payment (if applicable) to:

4387 36th Street, Orlando, FL 32811-6505 • 407-674-7926 • FAX: 407-674-7860