

# DSI International, Inc.

*eXpress Diagnostic Engineering*

*Credit Card Form for Training*

Method of Payment:	Check	Credit Card	Invoice
Credit Card: Card Number: Amount:	Exp. Date (MM/YY): Name On Card: Billing Address: City:	Security Code:  State: Zip:	
I hereby authorize DSI International to charge my credit card \$ _____ for registration fees to attend the <b>eXpress</b> Diagnostic Engineering Training Course.			
_____ Signature		_____ Date	
If you are paying by check, please print and mail a copy of this form and your course registration form with your check payable to DSI International, Inc. to:		DSI International, Inc. 1574 N. Batavia, #3 Orange, CA 92867	Phone: (714) 637-9325 Fax: (714) 637-0584

## NOTE(S)

**Class Size:** limited to the first eight students enrolled and may be cancelled if minimum enrollment is not obtained two weeks prior to the course start date.

**Early Registration Discount:** A discount of 10% (\$250 max for more than one student registration) applies when training fees are received more than five days in advance of the first day of the enrolled course(s).

**Refund Policy:** Cancellations received up to five working days before the courses begin are fully refundable. After wards, cancellations are subject to the entire registration fee, which may be applied toward a future course. Substitutions may be made at any time.

