

Use this form for California Designated Representative or Exemptee Refresher Training only.

Customer Information

Name:

Company:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Payment Information

Please proof the information below and make any corrections necessary. Thank You.

SkillsPlus International Inc. is authorized to charge **\$150.00** to the card below. There may be a 35% cancellation fee once the charge is processed.

This is to order: **Exemptee** or **Designated Representative Refresher Training**. This class does not qualify for an employee's initial training – only for the refresher. SkillsPlus must have provided the initial training to qualify for our refresher course. If you need the initial training please call 415.487.3500 or visit www.skillsplusinc.com and click on Enroll under the Designated Representative or Exemptee certification links.

Name as it appears on the card: _____

Billing address of the credit card if different from the box above:

Circle One: VISA / Master Card / American Express

Card Number:

Expiration Date:

CID or Security Code from back of card (4 Digits on the front for American Express):

Signature of the person whose name appears on the card

Mail to:

SkillsPlus International Inc.
584 Castro Street # 729, San Francisco, CA 94114

Fax Registration To: (415) 487-1926

Telephone: (415) 487-3500
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