

Enrollment Form

First Name: _____

Last Name: _____

Address: _____

State/Prov: _____ Zip Code: _____

E-mail: _____

Phone: _____

Fax: _____

DATE	COURSE DESCRIPTION	PRICE	SUBTOTAL

SUBTOTAL: \$ _____

PACKAGE DISCOUNT: \$ _____

TOTAL: \$ _____

Method of Payment

American Express Discover Visa Check Master Card

Credit Card # _____ Exp. Date: _____

Signature: _____

Please submit completed Enrollment Form with payment to:

Mail to:

Farouk Systems Inc.
Attention: Education Department
250 Pennbright Drive
Houston, TX 77090

Or **Fax to:** 281-885-5500