



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 ☒ User: Game Audio ☒ Operator Music ☒ Operator VENUE

INDIVIDUAL: ☒ 101 ☒ 110 ☒ 130 ☒ 201 ☒ 210M

VENUE: ☒ 110V ☒ 210V

PREFERRED START DATE: _____

Preferred Payment (all sales final)

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

Notes

Thank you very much for your interest! You may email this form to: info@centerforprotools.com, or postal mail along with payment (if applicable) to:

P.O. Box 1393 Goldenrod, FL 32733-1393 • 407-674-7926