Course Registration Form



Use this registration form if you are paying by purchase order, check, or credit card. Please submit a separate form for each student and fax completed form to (650) 645-3701.

	Regional classes	Location	Date	_	Amount
Course: Fees:	Working with Birt Report Designer \$3000 per student (4 days)			-	
Course: Fees:	Using the BIRT Integration APIs \$1500 per student (2 day)			-	
Course: Fees:	Beyond Open Source: Using Actuate BIRT \$1500 per student (2 day)			-	
Course: Fees:	Developing a Customized BIRT Studio Environment \$1500 per student (2 days)			-	
Course: Fees:	Actuate JavaScript API Workshop \$750 per student (1 day)			_	
Course: Fees:	Managing the Actuate iServer System \$2,250 per student (3 days)			_	
	Distance Learning classes		Date		Amount
Course: Fees:	Working with Birt Report Designer \$2,500 per student (4 days)	-		_	
Course: Fees:	Using the BIRT Integration APIs \$1,250 per student (2 days)	-		_	
Course: Fees:	Beyond Open Source: Using Actuate BIRT \$1250 per student (2 day)	_		_	
Course: Fees:	Developing a Customized BIRT Studio Environment \$1,875 per student (1 day)	_		_	
Course: Fees:	Actuate JavaScript API Workshop \$625 per student (1 day)	_		-	
Course: Fees:	Managing the Actuate iServer System \$1,875 per student (3 days)	-		-	
		Total Course Fees		\$.	
		Discount code:	-		
		Discount amt:	-		
		Net course fees:	\$	· _	

Payment Information: Purchase Order, Credit Card or Check

(Please print clearly)

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Purchase Orders		
	n advance of the class. The purchase order nax the completed form and the PO to 650-645	
P.O. number:		
Credit Cards		
Please enter the card information below. Fa	ax the completed form to 650-645-3701.	
Total Fees: \$	Approved by: (print)	
Approval Date:	Approval Signature:	
Phone:	Approver title:	
Credit Card: Visa MasterCard AMEX CVC# on card (3 digit code on back of card for Vi	isa/MC, 4 digits on front of card for AMEX)	
Credit Card #:	Expiration Date:/(n	nonth/year)
Card Holder Name:		
Card Holder Signature:		
Checks		
Company checks must be made payable to Actuate Mail check along with your registration form to:	Corporation and received one week before class start date. Actuate Corporation Attn: Actuate University	

2207 Bridgepointe Parkway

Suite 500

San Mateo, CA 94404. Phone: 650-645-3835.

Check Number: __ Check date: ____/___/

Cancellation Policy:

Student cancellations must be received 10 business days before the start of the course. A training credit will be issued for any student cancellation.

Actuate reserves the right to cancel a course 10 business days before the start of the course. If a course is cancelled by Actuate, a training credit or refund will be issued.

Course schedule and fees are subject to change without notice.

Actuate University Phone: (650) 645-3835 Page 2 of 3 Fax: (650) 645-3701

<u>or</u>							
Express mail the completed form to:	Actuate University 2207 Bridgepointe Parkway Suite 500 San Mateo, CA 94404 Attn: Ken Fisher						
Student Information: (Please print clearly)							
Student Name:							
Company:							
Address:							
City:	State:	Zip:					

Phone:

E-Mail:

If registering with credit card or purchase order, you can fax this form with any related documents to: (650) 645-3701