



QUANTUM MANAGEMENT SYSTEMS

ENROLLMENT APPLICATION

Name (Last) (First) (initial) (Name you like to be called)

Home Address Street/P.O. Box Phone ( ) City State ZIP

Company Name Job/Function

Office Address Street/P.O. Box Phone ( ) City State ZIP

I am a graduate of a Quantum training

I was referred to Quantum by

Deposit \$ Balance \$ Charge my: Visa (Bank Americard) Master Charge American Express Acct No. Interbank No. Exp

How to be paid

CANCELLATION POLICY: Your deposit reserves the space and materials for the training and is non-refundable. You may, however, transfer to another scheduled training at any time.

Date: Signed

PD PP % RV OB O C

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ENRLCRD2.PM5

Name

WELCOME TO



QUANTUM MANAGEMENT SYSTEMS

You are enrolled in the Training

that starts on

Your amount of \$ has been received.

Unless arranged at the time of registration, payment to be made in full.

Deferred payments must be confirmed and approved within 48 hours by the Quantum Office at 800/998-4875

\$ BALANCED DUE

Project Director

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