



3D Systems in partnership with York Technical College



Mail-in Registration Form

COMPANY INFORMATION

Company Name _____
 Street Address _____ City _____
 State _____ Zip _____ Country _____
 Web Address _____
 Training Manager Name _____ Phone _____

TRAINEE INFORMATION

Trainee Name:
 Last _____ First _____ M.I. _____
 Social Security Number _____ Race * _____
 Sex (Male/Female) * _____ Date of Birth (00/00/00) * _____
 Street Address _____ City _____
 State _____ Zip _____ Country _____
 Day Phone _____ Evening Phone _____
 email _____

* This information is required for EEOC reporting

COURSE INFORMATION

Enter the name of the course selected _____ Enter the cost here: \$ _____

PAYMENT INFORMATION

Method of Payment:

Please select one of the following options:

- Check via U.S. mail
 Credit Card On-Line
 Credit Card via Phone
 Bill Company

Credit Card information:

Type of Card:

- Visa
 MasterCard
 Discover Card
 American Express

Card Number _____

Expiration Date _____

Name on Card _____

If your company is to be billed for courses you select, please furnish the following information:

Name of Company _____

Company Address _____

Purchase Order# _____

OR

Company Letter of Intent: (On company letterhead, state name, address and social security number(s) of the employee(s) registering for course(s), of each course, a request to bill the company for tuition cost and an authorizing signature. Please mail Purchase Orders to: William W. Beaver, 3D Systems University, York Technical College, 452 S. Anderson Road, Rock Hill, South Carolina 29730.

Tel: (803) 981-7349

Fax: (803) 981-7234

bbeaver@yorktech.com

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