



**Matrix Logic Corporation**  
 Open Text (Hummingbird) Training  
 Phone: 415-893-9897  
 Fax: 866-721-8488  
 E-mail: training@matrix-logic.com

**OPEN TEXT (HUMMINGBIRD) TRAINING REGISTRATION FORM**

Contact Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Voice Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Current Status (Please circle one):**

End-User    Systems Administrator    DBA    Trainer    Consultant/Reseller    Government Contractor

Please review the details about training costs, scheduling, and the cancellation policy. List the name(s) of each person who will be attending, indicate the desired curriculum and check the desired session(s). Fax or e-mail the completed form to the address at the top of this page. For government agencies, a Purchase Order must accompany the registration form. Full payment must accompany the registration form to reserve space(s) in the class. Payment may be made by check or credit card (Visa or MasterCard only). Please make checks payable to Matrix Logic Corporation. Your reservation is not confirmed until full payment is received.

**Cancellations** must be processed at least 10 working days in advance of the session in order to obtain a full refund. ATC classes are subject to cancellation up to **two weeks** prior to the first day of class if enrollment is fewer than five students. We recommend purchasing **refundable transportation** when applicable.

	ATTENDEE NAME(S)	NUMBER OF CLASS CURRICULUM AND DATE	Sub-Total
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
<b>Total:</b>			<b>\$</b>

**PAYMENT INFORMATION**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 \_\_\_ MasterCard \_\_\_ Visa (Sorry, we do NOT accept American Express)  
 Charge Account Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Check Enclosed # \_\_\_\_\_ Purchase Order # \_\_\_\_\_