



Timeslips Registration Form

Student Information

First Name _____

Last Name _____

Company _____

Telephone# _____

E-mail Address _____

Class Selection

Timeslips University - \$380

10/19/09

Method of Payment

Please make check payable to The Griffing Network

Charge to: _____ Mastercard _____ VISA _____ AMEX _____ Discover

Card No. _____ Exp. Date _____

Name on Card _____

Billing Address Information _____

Registration Information

Our Registration is open Monday - Friday from 8 a.m. to 5:30 p.m. CST. Enrollments taken 24/7 via fax and mail.

Cancellation: If you cannot attend the class, you may send a substitute or attend a future training class.

The Griffing Network

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E-mail address: rbirmingham@griffingnetwork.com