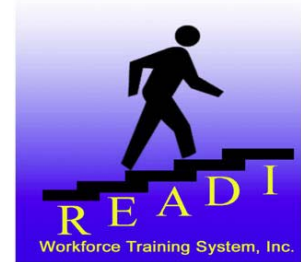


R.E.A.D.I. Workforce Training System, Inc.
201 West Madison, Bldg. #1, Suite 201
P. O. Box 1140 - Belgrade, MT, 59714-1140
Phone/Fax (406) 388-4177
E-Mail: readiworkforce@hotmail.com
www.readi-wts.com



TRAINING REGISTRATION (check appropriate course)

___ “Winning Customer Service”, Employers – Open Registration

___ ”Winning Customer Service”, Individuals – Open Registration

___ AutoCAD Introduction – Registration deadline is September 10th, 2010

___ Woodworking Techniques – Registration to be announced later

*Complete as applicable and return to R.E.A.D.I. with all required documents & fees. Course may be cancelled if sufficient enrollment is not achieved. **You will receive a full refund if the course is cancelled.***

Full Name _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

E-mail address _____

Home Phone _____ Best time to contact you _____

Cell Phone _____ Are you presently employed? _____

Work Phone _____ May we contact you at work? _____

Who is sponsoring your fee? Company/Employer _____ Other _____ (name)

If employer sponsored please provide:

*Company Name & Address of Employer _____

City _____ State _____ Zip Code _____

Do you have any special needs that need to be addressed to enhance your training experience?

If you prefer to provide your credit card information over the phone please call 388-4177.

Name on Card (If different than above) _____

Billing Address for Card _____ City _____

State _____ Zip Code _____ Card Type _____

Card # _____ - _____ - _____ - _____ Expiration Date _____

**Optional- Providing this information authorizes us to contact your present employer as deemed necessary.*

The Applicant will be liable for payment of all costs incurred by **R.E.A.D.I.** in the collection of past due obligations or collections on returned checks including court costs, service of process, and reasonable attorney fees.

Signature

Date

R.E.A.D.I. Officer Signature

Date