

Computer Education and Training Registration Form

PLEASE PRINT

Date: ____/____/____

Name: First _____ M. _____ Last _____

Address _____ Apt. _____

City _____

State _____ Zip Code _____

Email _____

Telephone (____) _____ - _____

Cell (____) _____ - _____

Please check classes you desire to enroll.

Check all that apply:

_____ Introduction to Access

_____ Introduction to Computers

_____ Introduction to Desktop Publishing

_____ Introduction to Email

_____ Introduction to Publisher

_____ Introduction to the Internet

_____ Introduction to PowerPoint

_____ Introduction to Excel

_____ Introduction to OpenOffice

_____ Introduction to Word

_____ Introduction to Website design in host

Return form to

**OpenSoft,
Post Office Box 7833,
Gainesville, Georgia 30504
Fax: 770.718.5384**