



## Company Request for Training – Shipping 101

FAX REQUEST TO 757-257-0668 or SCAN-EMAIL TO INFORMATION@ARTEMUS.US

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Contact \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

List of Participants (Full Name is required for Certificates and Transcripts)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates Requested for training \_\_\_\_\_

Payment options:  Circle One  Cash /  Check /  Electronic Payment

Once you have completed this form, please mail or fax it to us and we will send you an invoice for your payment processing and records. All payments or deposits must be received prior to the first day of instruction to guarantee a place in the class.

Signature

Date

\_\_\_\_\_  
\_\_\_\_\_