

# USUI UNIVERSITY

## TRAINING REGISTRATION FORM

### CLASS REGISTRATION

Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Date: \_\_\_\_\_

Program Taught By: Circle one: ERA Fred Pryor National Seminars Other: List Name \_\_\_\_\_

Cost of Program: \_\_\_\_\_

Made Reservations: Circle one: Yes No

Reservations Made By: \_\_\_\_\_  
Print Name Date

**I acknowledge by signing below that I understand and will comply with the Guidelines of Usui University.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Printed)

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Approval: \_\_\_\_\_  
HR Manager Signature

\_\_\_\_\_  
Date