



ACC Accounting Solutions, Inc P. 866-379-3799 (866-FRX-FRx9)
 Cherry Tree Corporate Center F. 559-435-9014
 535 Route 38, Suite 350
 Cherry Hill, NJ 08002

Microsoft Business Solutions



**Onsite Training Registration Form
 Summer 2010 Promotion Form**

Ends August 31, 2010 all classes must be scheduled by December 31th 2010

(Please circle the desired classes below)

Onsite Dates: _____

Microsoft FRx (E1) (E2) (EE2) or Microsoft Forecaster (E1) (E2)

Name: _____ Position: _____

Company Name: _____ Telephone: _____

Address: _____ Fax: _____

City/State/Zip: _____ E-Mail: _____

Please use the grid below to select the items and services needed for the training classes.

Microsoft FRx & Forecaster Training Guides:

Essentials 1 Training Number of Students: _____ x 175 per training guide: \$ _____
 Essentials 2 Training Number of Students: _____ x 175 per training guide: \$ _____

Consulting and Training:

Onsite Training Number Of Days _____ x 1395 per day: \$ _____
 Onsite Consulting Number Of Days _____ x 1395 per day: \$ _____

Travel Expenses*:

Air Travel if required is billed at 400 flat rate (all trainers are flying from Philadelphia) \$ _____
 If Air Travel is NOT required a flat rate travel fee of 225 (Max 2 hr distance from NJ Office) \$ _____
 **Hotel, Rental Car, Airport Parking, Provisions, Tolls, Etc. Number of Days _____ x 225: \$ _____

Additional options to eliminate hardware requirements:

Traveling Training Center:

(If you need us to bring equipment we can make it easy for you and your IT Dept)
 6 Laptops, Projector, and shipping costs: Number of days _____ x \$295 per days \$ _____
 8 Laptops, Projector, and shipping costs: Number of days _____ x \$395 per days \$ _____

Remote Connection Training Center:

We can eliminate your IT need to install software with each student accessing our Citrix Training Server. Students sign in and class is ready to be taught.
 Number of Students: _____ x 50 per connection per class (max 10) : \$ _____

Total Onsite Training Cost \$ _____

* Travel expenses are based on signed contact 30 days prior to the start of the class. All onsite class less than 30 days will incur additional travel fees based on the added expedited cost we are charged. Please help us keep costs down by booking early. All added cost will be presented at the time of signing the contracts.

** Some cities will require a higher travel expenses based on occupancy rates during peak tourist season. We will notify you prior to signing the contracts what the added hotel costs will be.



ACC Accounting Solutions, Inc. is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN, 37219-2417. Web site: www.nasba.org.



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Important:

Please indicate the method of payment then mail or fax this registration form back to (559) 435-9014. Seating is limited to 12 students per class per instructor, if more than 12 students a second instructor will be required. This is an agreement for training services and is binding upon receipt. All cancelation policies go into effect upon receiving this agreement.

Payment Method: (please circle)

Company Check VISA MasterCard American Express

Card Holder's Name: _____

Credit Card Number: _____ Exp.Date: _____ 3 or 4 digit Code: _____

Credit Card Billing Address _____ Billing Zip code: _____

Card Holder's Signature: _____ Total Tuition: _____

<p>Cancellation Policy: 15 or more days before class 100% refund, less travel charges 14-8 days 50% refund, less travel charges 7 or less days 0% refund</p>	<p>Reschedule Policy: 15 or more days before class no charge except travel change charges 14 or less days 50%, and travel change charges</p>
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Please sign and date this form stating that you have read and agree to our cancellation and reschedule policy.

Name: _____ Date: _____

E1 Prerequisites: Basic Knowledge of Accounting and Excel

E2 Prerequisites: Having completed E1 FRx Training Course or having like experience

Names of students for certificates: (can add or subtract later) if CPE is needed please write CPE next to name



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