



axiom america

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Archdale NC | Baltimore MD | Evansville IN | Grafton OH

Register for Online Training Seminars

You can now register for online training seminars for ApS-Ethos and Stitch N Sew embroidery software. Course times are posted at: www.axiomamerica.com/support/training_schedule.html.

Customers who have purchased these software programs from Axiom America may register for these classes for free. Any other ApS-Ethos or Stitch N Sew users may register for a fee of \$20 per one-hour session.

Payment may be made by check or credit card to Axiom America. Payment must be received before you will be given access to the class. Please print and fill out this registration form and include payment information. Payments via credit card may be mailed or faxed, while payments made by check must be mailed. Checks must be received at least one day before class to ensure registration.

Once you have registered for a course, you will be sent an email with directions to access the course and a link to the course. A high-speed internet connection and a phone are necessary for ApS-Ethos courses. A high-speed internet connection and a microphone are necessary for Stitch N Sew courses.

Cancellation Policy: Refunds for cancellations will be accepted until the date of the class. Absolutely no refunds will be made on or after the posted date of the class. In case of instructor cancellation, students will be given credit toward a future class.

Registration Information

Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____

Business: Embroidery, # of heads ___ Screen Printing Garment Printing Laser Engraving Sign Printing Promo Items

Name of Student _____

Courses attending: ApS-Ethos Stitch N Sew Date(s) of course(s): _____

Payment Information (if applicable)

Please enter the total # of courses: _____ x \$20 = _____ (Total amount)

Please select payment method:

Check **Credit Card:** Visa American Express Mastercard

Card # _____ Expiration date _____ CVV Code _____

Cardholder's Name _____ Cardholder's Signature _____

Billing address (if different than above): _____

City _____ State _____ ZIP _____

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