

## Barracuda VR<sup>®</sup> User Training Registration

Training Class Date: \_\_\_\_\_

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

Participant # 1: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*For CPFD Internal Use Only:*

Date Completed: \_\_\_\_\_

Version: \_\_\_\_\_

Participant # 2: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*For CPFD Internal Use Only:*

Date Completed: \_\_\_\_\_

Version: \_\_\_\_\_

### Method of Payment

Purchase Order # \_\_\_\_\_ Authorized By: \_\_\_\_\_  
CPFD Software Employee

Credit Card (Please complete the required information below)

Card Type:     MasterCard             Visa             American Express

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_                      Billing Zip code: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_

Cardholder's E-mail (for receipt): \_\_\_\_\_

Cardholder's Phone: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**\*\*Please return this form by email [accounting@cpfd-software.com](mailto:accounting@cpfd-software.com) or fax +1.505.275.3346\*\***