Microsoft Dynamics Learning Solutions

Student Registration Form

Email Form: training@interdyn.com
Fax Form: 212.502.3925

Student Name:		**Phone:**	
Student Email:		**Fax:**	
Are you a CPA?	**Please check Yes or No.** ☐ **Yes** ☐ **No**		
Card Holder Name:			
Billing Address:			
City/ State/ Province:			
Zip Code:			
Check Credit Card:	☐ **Visa**	☐ **Mastercard**	
Card Number:		**Expiration Date:**	
CardHolder Signature:			
Payment Method:	**Mark if you wish to pay by check?** ☐ **Yes** ☐ **No**		
Note:	***All check payments are due one week before the first day of class. Failure to submit check payment by the first week of training will result in a full charge of training fees to the registered credit card.***		

Course Selection

Course Code	Course Name	Course Date

NASBA Sponsorship Statement

InterDyn AKA 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, Nashville, TN 37219-2417. Web site: www.nasba.org.

Register through InterDyn AKA

Phone: (212) 502-3925

Email: akatraining@Interdyn.com

Fax: (212) 629.0811

Training Facilty Name
Address
City/ State/ Zip Code
Phone Number

Microsoft Dynamics Learning Solutions

Group Registration Form

Email Form: Training@InterDyn.com
Fax Form: (212) 502-3925

Company				
Main Contact				
Card Holder Name:				
Billing Address:				
City/ State/ Province:				
Zip Code:				
Check Credit Card:	☐ **Visa**	☐ **Mastercard**		
Card Number:			**Expiration Date:**	
CardHolder Signature:				
Payment Method:	**Mark if you wish to pay by check?** ☐ **Yes** ☐ **No**			
Note:	**All check payments are due one week before the first day of class. Payments not received will result in a full charge of training fees to the registered credit card.**			

Student	Title	Email	Course 1 Date	Course 2 Date	Course 3 Date	Course 4 Date	Course 5 Date	Course 6 Date	Course 7 Date
i.e. Jane Doe	Controller	jdoe@training.com	x						
		TOTAL	***0***	***0***	***0***	***0***	***0***	***0***	***0***

NASBA Sponsorship Statement

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