SPSS Training and Education Services
Academic Registration Form

To register, please send the completed registration form along with payment information or purchase order by one of the methods indicated below. To qualify for the academic fee schedule you must include a letter with your department head's signature as proof of your affiliation. This fee schedule applies only to members of faculty, staff, and full-time students of post-secondary degree-granting institutions attending public SPSS training courses. **No other discounts apply.** ***Discount code - T04-0004***

By Fax:
(800) 841-0064

By phone:
(800) 543-2185

By Mail:
SPSS Inc.
Training and Education Registration
233 S. Wacker Dr.
Chicago, IL 60606

Registration Form - Please complete the information below for the course you are interested in attending. The registration will not be processed if information is not supplied.

Cancellation Policy – For our cancellation policy, please visit our website: www.spss.com/training/faq.htm

PLEASE SIGN ME UP FOR THE FOLLOWING SPSS TRAINING CLASS:	
Course Title:	
Course Date:	
Location:	
Course Fee:	

CONTACT INFO

SPSS ID (if known): _____

Organization: _____

Billing Address: _____

_____

City: _____

State: _____ **Zip Code:**_____

Attendee Name: _____

Attendee Phone: _____

Attendee E-mail: _____

PAYMENT INFO

□ **Check :** If paying by check, please contact the sales department at (800)543-2185 for assistance.

□ **Purchase Order :** If paying by PO, please fax along with this form.

□ **Credit Card**

□ Visa □ Master Card □ Am. Ex. (USA only)

Credit Card #: _____

Exp. Date: _____

Name on the Card (please print):

_____

Signature: _____

Confirmation will be sent to the email account above once your registration is processed.

For information, or a schedule of SPSS training courses, visit our website at: **www.spss.com/training.**