

**Accounting for Small Business, Inc.**  
**2009 Course Registration**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Course #	Session Date	Class Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Tuition Due:** \_\_\_\_\_

Attendance is limited – to ensure a place in the courses, please register and remit payment ***prior to class.***

AFSB, Inc.  
920 NE 64<sup>th</sup> Street  
Seattle, Washington 98115

info@afsbinc.com

(206) 522-0698 office

(206) 523-9280 fax