

Continental Access

CERTIFICATION TRAINING REGISTRATION FORM **TECHNICAL CERTIFICATION TRAINING**

Location: Fairfield Circle Inn 417 Post Road Fairfield CT 06824

NOTE: AVAILABILITY WILL BE ON A FIRST COME FIRST SERVE BASIS:
(Classroom Limited to 15 students)

DEALER NAME: _____

DEALER ADDRESS: _____

CONTACT PERSON: _____ TEL. _____

CONTACT EMAIL ADDRESS: _____

NUMBER OF ATTENDEES: _____ DATES OF SEMINAR: **MARCH 7TH & 8TH 2017 (2 DAYS)**

HOURS: **8:30 AM – 4:30 PM DAILY**

DEALER STAFF ATTENDEES FEE IS: **(\$350.00)** EACH PERSON.

CLASS SPECIAL: SUPER TWO KIT (MAXIMUM 5 KITS PER DEALER).

THIS IS ONLY for Dealers attending this class (Super Two kit will be shipped) and P. O. must be received prior to class. Contact your Sales Representative for the special pricing per kit. "NO SHOW" ATTENDEES WILL BE INVOICED (NO EXCEPTIONS)

	ATTENDEE NAME(S)	ATTENDEE TELEPHONE #	ATTENDEE Email Address
1)			
2)			
3)			
4)			
5)			
CREDIT CARD NUMBER:			
EXPIRATION DATE:			
NAME OF CREDIT CARD HOLDER:			
ADDRESS OF CARD HOLDER:			
OR			
PURCHASE ORDER NUMBER:			
YES, I Would like to purchase the Super Two Kit(s) @ :			(ENTER # OF SUPER TWO KITS)
TOTAL CHARGES (Attendees and Super Two Kits):			\$
SIGNATURE and DATE: _____			

LAPTOPS WITH WINDOWS 7 PRO OR WINDOWS 8.1 PRO SHOULD BE BROUGHT BY EACH ATTENDEE.

IF NOT LAPTOP COMPUTERS WILL BE PROVIDED FOR EACH PAIR OF ATTENDEES.

Please fax completed form to Mary Kelske at (631) 842-9135 or email: MKelske@cicaccess.com

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Continental Instruments, LLC.

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