



2010 TRAINING SESSION REGISTRATION FORM

Please complete one per attendee

Attendee's Name: _____

Company: _____

Address: _____ City/State/Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Credit Card Information:

Name on Card: _____

Card Billing Address: _____ City/State/Zip Code: _____

Card Number: _____ Card Expiration (MM/YY): _____

Cardholder Signature: _____ Security #: (3 or 4 digits from back/ front of card) _____

Select one:

COURSE TITLE / DATE	Trident Facility	Your Facility <i>(12 person maximum)</i>	EXTENDED PRICE
NTS BASIC	\$1600	\$25000	
August 17-20	<input type="checkbox"/>	<input type="checkbox"/>	\$
NTS ADVANCED / MISSION CRITICAL	\$1600	\$25000	
August 24-27	<input type="checkbox"/>	<input type="checkbox"/>	\$
		TOTAL	\$

**Complete and fax your registration to: 828.684.7874, Attn: Angela Gryder
or mail to:**

Trident Micro Systems
Two Trident Drive
Arden, NC 28704

Questions?

Phone: 828.684.7474, ext. 1601
Toll Free: 800.798.7881
Email: agryder@tridentms.com

CANCELLATION POLICY

Cancellations are regrettable, but we ask that you contact us immediately should you find that you cannot attend.
Cancellations must be received two weeks prior to the training date in order to receive a refund.
Refunds are processed within 30 days of request. An administration fee of \$25 is not refundable.