



## 2011 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
<b>NTS BASIC</b>	<b>\$1600</b>	<b>\$25000</b>	
September 13 - 16	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>NTS ADVANCED / MISSION CRITICAL</b>	<b>\$1600</b>	<b>\$25000</b>	
September 20 - 22	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL</b>			<b>\$</b>

**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](mailto: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.