



# TRAINING REGISTRATION FORM

## SECURITY GROUP

### CONTACT INFORMATION

Name of the Attendee (First and Last): \_\_\_\_\_

Company Name: \_\_\_\_\_

Sales Rep (Company Name): \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

### TRAINING FEE

Amount: \$300.00 USD - Technician/Installer Training; \$150.00 USD - Sales Representative Training

Name of Card Holder: \_\_\_\_\_

Please Check Form of Payment:  Visa  Master Card  American Express  Purchase Order  Cheque/Money Order

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Signature\*: \_\_\_\_\_

\*Please note that by signing this form, the card holder gives SAY Security permission to charge the corresponding training fee amount on the credit card number provided above.

### TRAINING DATE & CLASS TYPE

Date of Training Seminar: \_\_\_\_\_

Class Type (Please Check One):  Technician / Installer  Sales Rep

### IMPORTANT NOTES

- The minimum class size is **6 attendees** with the maximum class size of **10**. Registration is based on a first-come-first-served basis.
- The class may be cancelled if the minimum number of attendees cannot be met.
- Please note that SAY Security will make all reasonable effort to avoid cancellations due to lack of attendance. We will not, however, assume any responsibilities for prior travel arrangements if such cancellations cannot be avoided. We will advise of any cancellations **3 business days** prior to the class date.
- Please cancel at least **3 business days** prior to the scheduled class; otherwise the deposit will not be refunded.
- Please fax the completed application to 800-464-0832 to the attention of Training Group.

Submitted by (Please Print): \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Dated On: \_\_\_\_\_

With any questions please contact **Jon Szuch** at ext.113 (jon@saysecurity.com)