

## **Introductory Training Course Registration Form**

Please email or fax registration information to (925) 826-5745

\*\*\* To guarantee your reservation, payment must be received 30 days prior to class. \*\*\*

## **Course Details:**

Time: F 4 C	<ul> <li>bst: \$700</li> <li>WEBEX training on the internet URL address will be emailed to each URL address will be emailed to each</li> <li>to each day</li> <li>Class Begins each day at 8am or 9am (see www.truegrid.com/training.html)</li> <li>Class Ends each day at 12am or 1am</li> </ul>				
Regist	ration Inf	ormation:			
Name:					Class Date:
Compan	ıy:				Phone:
Address:					Fax:
					<u>E-mail:</u>
City:		State:			
Zip:		Country:			
Payme		dit Card		eck	□ Purchase Order
Mail checks to: XYZ Scientific Applications, Inc. Attention: Accounts Receivable 2255 Morello Ave. Suite 220 Pleasant Hill, CA. 94523					
		r: Please call with over, American Express)		edit car	<u>d information</u>
		XYZ Scientific Applications	s, Inc., 22	55 Morello	o Ave. Suite 220, CA. 94523