



## 2008 Citilabs Training

Atlanta, Georgia March 3–7, 2008

### Registration Form

#### Student information

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### Course selection

Please select the appropriate boxes.

- |                          |  |        |
|--------------------------|--|--------|
| <input type="checkbox"/> | Intermediate application development with Cube Voyager: March 3–4          | 2 days |
| <input type="checkbox"/> | Advanced modeling procedures and script methods in Cube Voyager: March 5–7 | 3 days |

Total number of days: \_\_\_\_\_

#### Fee schedule

- 2 days: US\$900
- 3 days: US\$1300
- 5 days: US\$2000

#### Payment information

Check

Bill me PO number: \_\_\_\_\_

Only available for local, state, or federal governments, universities, and Fortune 500 companies.

Credit card Amount \_\_\_\_\_

Visa     MasterCard     American Express

\_\_\_\_\_

Card number Expiration date

\_\_\_\_\_

Card security code

\_\_\_\_\_

Name on card (please print)

\_\_\_\_\_

Billing address, if different

#### Terms and conditions

In the rare event that a class schedule changes or a class must be cancelled, Citilabs will contact registrants as soon as possible.

Transportation to the training site is the registrant's responsibility. Citilabs assumes no responsibility for nonrefundable travel arrangement losses resulting from course scheduling changes or cancellations.

**I understand and agree to the terms and conditions of this application.**

\_\_\_\_\_  
Authorized signature

**NOTE:** Form must be signed for processing.

Please submit completed registration forms to Citilabs:

312 Clay Street, Suite 180  
 Oakland, California 94607 USA  
**Phone:** +1-510-663-5200    **Fax:** +1-510-645-1817