



2008 Citilabs Training

Atlanta, Georgia October 13–17, 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: October 13–14 | 2 days |
| <input type="checkbox"/> | Advanced modeling procedures and script methods in Cube Voyager: October 15–17 | 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 Discover American Express

_____ Expiration date

Card number

_____ 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:

1040 Marina Village Parkway
Alameda, California 94501 USA

Phone: +1-510-523-9700 **Fax:** +1-510-523-9706