

# REGISTRATION FORM

**FAX:** (410) 203-1469  
**MAIL:** Network Solutions Center  
 3290 Pine Orchard Lane, Suite C  
 Ellicott City, MD 21042  
**PHONE:** (877) 943-2776 or (410) 203-2673  
**ONLINE:** WWW.CCSO.COM

## ◆ 10% GROUP DISCOUNT FOR FOUR SEATS AND MORE

**CANCELLATIONS:** If you need to cancel, you may do so for a full refund until **June 8, 2018**. Attendees who register but do not cancel in writing by the deadline date will be charged for the full registration fee. No refunds are offered after this date.

**SUBSTITUTIONS:** Substitutions are allowed only with the written permission of the original registrant. Please mail your substitution request or fax it.

Session Preferred *(Session assignments are subject to change depending on seating availability. You will receive confirmation)*

June 25– June 27 **(3-Day Standard Training)**
                 
  June 28 – 29 **(2-Day Advanced Training)**

Name					
Company					
Street					
City		State		Zip	
Phone		Fax			
Email					

Payment must be received by June 8, 2018 to confirm your seat. To pay by check, please contact us.

Credit Card Number				Expiration		
Cardholder Name				CCV #		
Billing Street Address				PO#		
Cardholder Phone #		City		State		Billing Zip
Cardholder Email						

Attach another page with more trainee names/email addresses if needed.

Quantity	Description	Trainee Name/Email	Price	Extended
	IDA Standard Training		\$3,900	
	IDA Advanced Training		\$2,800	
	IDA Standard + Advanced		\$6,000	
	<b>Subtotal</b>			
	Discount			
			<b>Total</b>	

I authorize Network Solutions Center to charge my credit card the above total amount.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_