



Keyscan Inc. Class Training Registration Form

Course Information

Course Start Date (dd/MM/yyyy):
Course: Three Day Technical Training
Course Location: Keyscan Office. Whitby, Ontario Canada

Class Training is limited to a maximum of twelve (12) participants with a course minimum of five (5) participants required. Keyscan will re-schedule training classes with fewer than five (5) participants.

Please ensure that you also fill out the required Billing & Information page.

Please fax or e-mail this completed form to Keyscan for processing. Fax (905) 430-7275 or e-mail training@keyscan.ca. Please allow 7 working days for processing. You will receive an e-mail to confirm your attendance. Please wait for your confirming e-mail before booking travel.

In order for the instructor to be able to judge the speed of the course, the instructor would like to understand a little bit about the background of each participant. Please fill out for each participant.

Individual #1 Information

First Name:	Last Name:	
Name For Certificate Purposes:		
Title / Position:		
E-mail Address:	Telephone Number:	Ext.:
Bringing a Laptop: <input type="checkbox"/> Yes <input type="checkbox"/> No		I have read the Laptop Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No

Individual #1 Background

Electronics: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Computer Knowledge: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Computer Networking Knowledge: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Industry Experience: <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> More than 5 years
Access Control Systems Familiar With: <input type="checkbox"/> Lenel <input type="checkbox"/> Northern <input type="checkbox"/> Kantech <input type="checkbox"/> Position <input type="checkbox"/> Others (Please List)



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Individual # 2 Information

First Name:		Last Name:	
Name For Certificate Purposes:			
Title / Position:			
E-mail Address:		Telephone Number:	Ext.:
Bringing a Laptop: <input type="checkbox"/> Yes <input type="checkbox"/> No		I have read the Laptop Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Individual # 2 Background

Electronics: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Computer Knowledge: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Computer Networking Knowledge: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Industry Experience: <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> More than 5 years
Access Control Systems Familiar With: <input type="checkbox"/> Lenel <input type="checkbox"/> Northern <input type="checkbox"/> Kantech <input type="checkbox"/> Position <input type="checkbox"/> Others (Please List)

Individual # 3 Information

First Name:		Last Name:	
Name For Certificate Purposes:			
Title / Position:			
E-mail Address:		Telephone Number:	Ext.:
Bringing a Laptop: <input type="checkbox"/> Yes <input type="checkbox"/> No		I have read the Laptop Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Individual # 3 Background

Electronics: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Computer Knowledge: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Computer Networking Knowledge: <input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Industry Experience: <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> More than 5 years
Access Control Systems Familiar With: <input type="checkbox"/> Lenel <input type="checkbox"/> Northern <input type="checkbox"/> Kantech <input type="checkbox"/> Position <input type="checkbox"/> Others (Please List)



Keyscan Inc. Class Training Registration Form

Billing & Payment Information

Company Information

Company Name:			
Address:			
City:		Province/State:	
Postal/Zip Code:		Country:	
Main Phone:	Alt. Phone:		Fax:
General E-Mail Address:			

Course Registration Fee in United States Dollars (USD)

#	Item Details	Item Fee	Total
	Course Registration Fee (Main Participant)	\$420.00	
	Additional Registration Fee (Additional Participant)	\$100.00	
	Total (USD)...		

Course Registration Fee in Canadian Dollars (CAD)

#	Item Details	Item Fee	Total
	Course Registration Fee (Main Participant)	\$520.00	
	Additional Registration Fee (Additional Participant)	\$120.00	
	Sub-Total		
	G.S.T. (5%)		
	Total (CAD)...		

Credit Payment Card: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/>	
Credit Card No. - - -	CVV2 Code:
Expiry Date: (MM-yy)	Name of Cardholder:
Signature of Cardholder:	

Acceptance of payment and confirmation of training space is subject to terms and conditions as outlined in the Keyscan Class Training policy.

Internal Keyscan Use Only:

Product Training Manager Approval:	Date Received:
Credit Card Authorization #:	Invoice Number Issued: