



KEDARit

Training to serve and protect your IT investment

BOOKING FORM

Thank you for completing this form to request classroom instructor led training.

Training Request

Requested or Scheduled Date(s)	Course Name	# of Attendees	Registration Fee
Total Registration Fee			

Company 'Bill To' Information

First Name	Last Name	
Title	Department	
Company Name		
Address		
Address		
City	State	Zip Code
Country		
Phone	Fax	
E-Mail Address		

Payment Method

Check the appropriate box to identify the payment method to be used.

Payment Type	Select One (√)
Purchase Order	
Credit Card	
Check	
Cash	

Return To

Mail To	Email To	Fax To
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