

SIRIUSWARE SEMINAR 2008

PORTLAND, OREGON

SEPTEMBER 8-12, 2008



Course Selection and Registration Form

Cancellations must be received by Friday, August 22, 2008 in order to qualify for an 80% tuition refund. Any cancellations after August 22, 2008 will result in full forfeiture of tuition. To cancel please contact Kristina Parker at 575-751-8254 or kparker@siriusware.com

Billing Information:

COMPANY NAME: _____

NAME (as it appears on credit card): _____

BILLING ADDRESS: _____

Please check one of the following:

American Express Visa MasterCard Check Enclosed

CREDIT CARD #: _____ EXPIRATION DATE: _____

SIGNATURE: _____

Tuition Fees:

Please reference the rate sheet for calculations:

	3 Days	4 Days	5 Days
Attendee One:			
Attendee Two:			
Attendee Three:			
Attendee Four:			

Total Tuition Fees: _____

FAX FORM TO: 575-751-4166 **OR** MAIL TO: SIRIUSWARE, INC 1337 GUSDORF RD, SUITE E, TAOS, NM 87571
If you are mailing your payment, please allow 7-10 business days for delivery prior to the tuition deadlines.

You must fill in attendee information and class selections for ALL attendees from your company on the following forms.

ATTENDEE ONE:

Please check box if you do not want your information shared with other attendees

NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

OF DAYS ATTENDING: _____

SPECIAL DIETARY NEEDS: _____

Please select the classes that you would like to attend from the class schedule. It is required that you select classes for all times/days you will be attending. You can change your selection at the seminar if necessary, but it is helpful to Siriusware to have an estimated attendance per class prior to the seminar.

	Morning Session #1 8:30-10	Morning Session #2 10:30-Noon	Afternoon Session 1:00-3:30
Monday 9/8			
Tuesday 9/9			
Wednesday 9/10			
Thursday 9/11			
Friday 9/12			

	Additional Afternoon Session 3:30-5:00
Wednesday 9/10	
Thursday 9/11	

ATTENDEE TWO:

Please check box if you do not want your information shared with other attendees

NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

OF DAYS ATTENDING: _____

SPECIAL DIETARY NEEDS: _____

Please select the classes that you would like to attend from the class schedule. It is required that you select classes for all times/days you will be attending. You can change your selection at the seminar if necessary, but it is helpful to Siriusware to have an estimated attendance per class prior to the seminar.

	Morning Session #1 8:30-10	Morning Session #2 10:30-Noon	Afternoon Session 1:00-3:30
Monday 9/8			
Tuesday 9/9			
Wednesday 9/10			
Thursday 9/11			
Friday 9/12			

	Additional Afternoon Session 3:30-5:00
Wednesday 9/10	
Thursday 9/11	

ATTENDEE THREE:

Please check box if you do not want your information shared with other attendees

NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

OF DAYS ATTENDING: _____

SPECIAL DIETARY NEEDS: _____

Please select the classes that you would like to attend from the class schedule. It is required that you select classes for all times/days you will be attending. You can change your selection at the seminar if necessary, but it is helpful to Siriusware to have an estimated attendance per class prior to the seminar.

	Morning Session #1 8:30-10	Morning Session #2 10:30-Noon	Afternoon Session 1:00-3:30
Monday 9/8			
Tuesday 9/9			
Wednesday 9/10			
Thursday 9/11			
Friday 9/12			

	Additional Afternoon Session 3:30-5:00
Wednesday 9/10	
Thursday 9/11	

ATTENDEE FOUR:

Please check box if you do not want your information shared with other attendees

NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

OF DAYS ATTENDING: _____

SPECIAL DIETARY NEEDS: _____

Please select the classes that you would like to attend from the class schedule. It is required that you select classes for all times/days you will be attending. You can change your selection at the seminar if necessary, but it is helpful to Siriusware to have an estimated attendance per class prior to the seminar.

	Morning Session #1 8:30-10	Morning Session #2 10:30-Noon	Afternoon Session 1:00-3:30
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Thursday 9/11	