

# SIRIUSWARE SEMINAR 2009

## FT. LAUDERDALE, FLORIDA

### SEPTEMBER 14-18, 2009



*Course Selection and Registration Form*

*Cancellations must be received by Friday, August 21, 2009 in order to qualify for an 80% tuition refund. Any cancellations after August 21, 2009 will result in full forfeiture of tuition. To cancel please contact Kristina Parker at 575-751-8254 or kparker@siriware.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 302 CAMINO DE LA PLACITA, 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 1:00-2:30
Monday 9/14			
Tuesday 9/15			
Wednesday 9/16			
Thursday 9/17			
Friday 9/18			

	Additional Afternoon Session 3:00-5:00
Monday 9/14	
Tuesday 9/15	
Wednesday 9/16	
Thursday 9/17	

**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.*

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Monday 9/14	
Tuesday 9/15	
Wednesday 9/16	
Thursday 9/17	

**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.*

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Thursday 9/17			
Friday 9/18			

	Additional Afternoon Session 3:00-5:00
Monday 9/14	
Tuesday 9/15	
Wednesday 9/16	
Thursday 9/17	

**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.*

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