



On-Site Training Registration Form

Please print. NOTE: The application will NOT be reviewed unless completely filled out. ALL FIELDS ARE MANDATORY.

CONTACT INFORMATION

Requisitioner's Name* (First and Last): _____

Company Name: _____

Training Facility Address: _____

i3 Sales Rep (If Applicable): _____

Company Phone#: _____ Fax#: _____

Contact Person In Charge of the Training: _____

*Can be i3 Sales Representative.

TRAINING DATE & INFORMATION

Requested Training Date (s): _____

The anticipated attendance (min.8 persons): _____ Preferred Trainer* (if applicable): _____

Will the i3 DVMS units be available for training? No Yes If yes, how many? _____

Is there a projector in a training facility? No Yes

Training audience. If the mixed class is expected, check off the option that will fit the majority of attendees. (Please check **one** ONLY):

End User IT/Security Staff/LPR Officers Novice Dealers Experienced Dealers Installers

Topics to be covered. (Please check all that apply):

CCTV SRX-Pro Series Server & Remote PACDM™ Portal™ CMS Annexus Other

Additional Requests: _____

*Subject to trainer availability.

PAYMENT OPTIONS

Daily Rate: \$750.00 USD / \$750.00 CAN per trainer (Does not include trainer's travel expenses)

Please Check Form of Payment: Visa Master Card American Express Purchase Order* Cheque/Money Order*

Name of Card Holder: _____

Card Number: _____ Expiry Date: _____

Driver's License: _____ Signature**: _____

* Please call or e-mail for details

** Please note that by signing this form, the card holder gives i3 International permission to charge the corresponding deposit fee amount plus all applicable trainer's travel expenses on the credit card number provided above.

TRAINER ACCOMMODATION INFORMATION

The Requisitioner Company will...(Please check one):

Book the hotel prior to training Recommend the hotel prior to training Leave the hotel booking at the discretion of i3

IMPORTANT NOTES

(Please put your initials next to every paragraph to acknowledge your acceptance of the terms)

Initials: _____

- Please cancel well in advance. i3 will not be financially responsible for any penalties incurred by the airline as a result of the late cancellation. _____
- Please note that the Requisitioner Company agrees to bear all applicable traveling expenses such as airfare, car rental, and hotel accommodations incurred by i3 trainer(s) in addition to the set training fee. _____
- Please fax the completed application to 416-261-8406 to the attention of Olga Skelly.

This Registration was Submitted by (Please Print): _____

Authorizing Signature: _____ Dated On: _____

With any questions please contact **Olga Skelly at ext.135** (oskelly@i3dvr.ca) or Arlyn Parra at ext.133 (aparra@i3dvr.ca)