

REGISTRATION FORM

Complete a separate registration form for each class you attend. Deadline for registration is one week prior to start of class.

Please photo copy this form for future use.

Name to appear on class certificate

Name to appear on name tag

Country of Citizenship

Company

Physical or Shipping Address

City/State/Zip

Mobile Phone

Phone

Fax

Email

Dates of Course or Certification

Course Location Knoxville Other, please specify _____

Please select the course you would like to be enrolled. A separate form is needed for each class.

0020 CSI Online Protection System Configuration

0021 CSI Online Prediction System Configuration

0022 MHM Systems Design Training

0023 MHM Systems Proposal Design Training

0024 MHM Systems Networking and Netstarts

0025 Sensor Design and Configuration

0026 CSI 6300 SIS, System Configuration

2080 CSI Protection Operation and Maintenance

2088 CSI Prediction Operation and Maintenance

TBD 9420 Wireless Transmitters

Other, please specify _____

Note: A confirmation will be sent to you to confirm your place in the class within 72 hours of receive your registration. If you do not receive a confirmation, your space in class is not guarantees, so please call.

I have the prerequisites for this course. I know the date, starting time, and directions to the training facility. I understand the cancellation policy.

Date: ___/___/___ Signature: _____

RETURN TO

Emerson • Attn: Education Services

835 Innovation Drive

Knoxville, Tennessee 37932

Phone: 800-675-4726

Fax: 865-218-1764

mong-ching.lin@emerson.com