



Please complete the following form and e-mail to **training@secureinfo.com** or mail to SecureInfo Corporation, 211 N. Loop 1604 E., Ste 200, San Antonio TX 78232, Attn: Training Department or Fax 210-403-5702

Date: \_\_\_\_\_

Course: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Ste/Room: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Cost per student:**

\_\_\_\_\_ Registration fee for Military.....

\_\_\_\_\_ Registration fee for Corporate.....

Subtotal for attached pages/additional students.....

**Total Due**.....

**Payment Method:**

**Check**                       MasterCard                       Visa                       American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's **Billing** address: \_\_\_\_\_

Cardholder's Phone/Fax Numbers (if different): \_\_\_\_\_

\*\*\*\*Charge additional student(s) to this account    Name(s): \_\_\_\_\_

**OFFICE USE ONLY**

<p><b>Credit Transactions:</b> Date Processed _____ Processed By _____</p> <p>Amount Charged _____ Capture # _____</p> <p><b>Check Transactions:</b> Issued by: _____ Check # _____ Date Received _____</p> <p>Confirmation(s) sent to: _____ Date _____</p>
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