



Registration Form

Training Session: _____ Session Date: _____

Name: _____
Last *First*

Company Name: _____

Title: _____ Email: _____

Business Address: _____
Street

_____ *City* *State* *Zip/Postal Code*

Business Telephone: _____ Fax: _____

I work mostly with the following Industry/Industries:

Unit:	I have used	I have fixed	Unit:	I have used	I have fixed
MultiRAE Plus	_____	_____	MiniRAE 2000	_____	_____
QRAE	_____	_____	QRAE Plus	_____	_____
AreaRAE	_____	_____	UltraRAE	_____	_____
ppbRAE Plus	_____	_____	IAQRAE	_____	_____
VRAE	_____	_____	ToxiRAE Plus	_____	_____
RAEGuard PID	_____	_____	SentryRAE	_____	_____
EntryRAE	_____	_____	Radiation Products	_____	_____

General Information:

For all classes, check-in time is 8:00am with instruction beginning at 8:30am; class will end at 5:00pm. A laptop computer may be useful for ProRAE Suite sections, but all training materials are issued during the instruction. A Continental Breakfast along with Lunch will be provided for classes held at RAE Systems headquarters.

Payment:

Payment in full is due 14 days prior to the start of class. Visa/MasterCard, corporate checks and Purchase Orders from Authorized Companies are accepted.

Cancellation Policy:

Due to program demand and the volume of pre-program preparation, cancellations are subject to a fee of one-third of the total program cost.

Please fill out this form and fax back to the attention of Abi Blatchley at 408-952-8480, or return it by email to ablatchley@raesystems.com.