



Course Cost:

\$300.00 (per student)

Chicago, IL: August 21st, 2007

Company: _____

Phone: _____

Student Name: _____

Fax: _____

Address: _____

Approval Manager: _____

(Signature)

City: _____

(Print)

Zip: _____

E-Mail: _____

Please fax back to 773 - 304 - 1947

Number of Students Attending: _____

I need Hotel Information

I need driving instructions from the address above to the Hotel and directions from the Hotel to the Training Facilities

I need directions from the address listed above to the Training Facilities

Student Signature: _____

Date: _____

*Please note: We respectfully request payment be submitted prior to attendance. Please read the cancellation policy listed on Security Forensics' web site at: www.SecurityForensics.com for information pertaining to refunds and re-scheduling. If you have additional questions, please feel free to contact us via the web site or the contact information listed below.