



Registration

Security Professional Exam Preparation Course
Time Mondays: 6:00pm-8:30pm

Course Dates: May 4 Through August 3, 2009
Location: STEAL-2 Lab, Peter Kiewit Institute
1110 South 67th Street, Omaha NE

Attendee

Name: _____
 Title: _____
 Company: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 E-mail: _____

Payment

Course Fee: Full Registration \$995.00

Check Enclosed (Payable to: NebraskaCERT) Amount: \$995.00

Purchase Order # _____
Phone: _____

Credit Card

AMEX VISA Mastercard Discover

Cardholder o Same as Attendee (see above)

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

Card Number: _____
 Expiration Date: ____/____/____
 CVV # (on reverse side of card) ____-____-____ Amount to be charged to credit card: \$995.00

Card holder Signature _____ Date _____

How did you learn about the course? _____

Would you like a fax confirmation? Yes No Fax # _____
 Would you like a credit card receipt? Yes No Fax # _____

<p>MAIL THIS FORM TO</p> <p><u>NuGenSoft</u> <u>Attn: NebraskaCERT</u> <u>8031 West Center Road, Suite #101</u> <u>Omaha NE 68124</u></p>	<p>OR FAX THIS FORM TO:</p> <p><u>FAX: 402-502-5580</u></p> <hr/> <p><u>Phone: 402-551-9817</u> <u>E-mail: training@nebraskacert.org</u> <u>Website: http://www.NEbraskaCERT.org/sp</u></p>
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