



Course Registration Form

Participant Information:

Name: _____

Name on Course Certificate: _____

E-Mail: _____

Office Symbol/Organization: _____

Mailing Address: _____

Phone: _____

Type: Military or Civilian; Government or Contractor

Course Sessions:

Select session(s) or list alternative dates, if you cannot attend one of those listed.

AFRL S&T Systems Engineering Process: Theory and Practice

15–16 Jan 2015, 0900–1630

29–30 Jan 2015, 0900–1630

I am unavailable on the above dates and would prefer _____

SEADS Toolkit

10–11 Feb 2015, 0900–1630, at WPAFB, Area B, Bldg 45, Rm 049 (Computer Training Rm)

I am unavailable on the above date and would prefer _____

Payment Information: Individual Tuition: \$995 per course session.

Payment Type: Check/Purchase Order or Credit Card (Visa or MasterCard Accepted)

Number: _____ Type: _____

Name on Card: _____ Exp.: _____

Amount: _____ Signature: _____

Course Provider:

SynGenics Corporation

Phone: (740) 369-9579 or (614) 638-9522

Fax completed form to (740) 369-6902

For additional information, contact Victoria: (614) 638-9522, Victoria@SynGenics.com