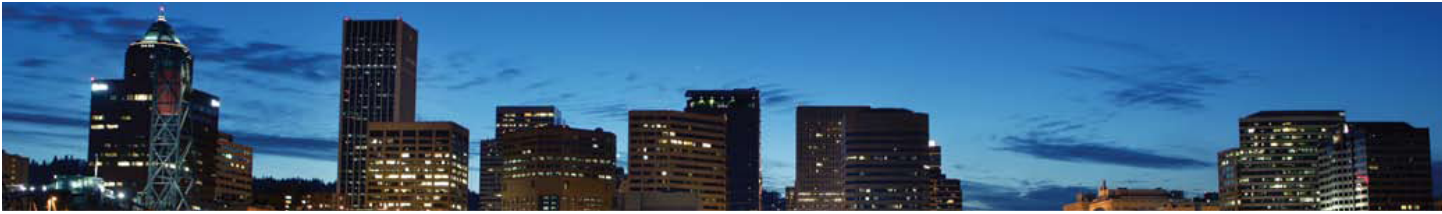




TR-39 COMPLIANCE CLASSES / EXAMS



REGISTRATION FORM

Name:

Company:

Address:

Address(2):

City:

State: Zip Code:

Email:

Phone: Fax:

Please choose the class and exam dates from the pull down menus below:

1st Class:

2nd Class:

3rd Class:

Exam:

We ask that you fill out all entries in this form. Print it out and fax it to us at least 2 weeks prior to the class. Make sure your fax went through or call to confirm we received it.

CLASS PRICES ARE AS FOLLOWS,
YOUR TOTAL COST BASED ON
CLASS SELECTION WILL BE
DISPLAYED ON PAGE 2.

4 Day Core	\$1,675
2 Day Asymmetric Key	\$995
2 Day Symmetric Key	\$995
1 Day PCI PIN v1.0	\$455
Exam	\$425

CONTINUE TO PAGE 2 TO FILL
OUT PAYMENT METHOD.

We cannot accept registration
over the phone. Please print and
fax this form to us.

Fax Number:
503-697-4196

CONTACT SHERYL MALM OR JEANETTE SMITH AT (888) 697-1040



delap

TR-39 COMPLIANCE CLASSES / EXAMS



REGISTRATION FORM

Credit Card Type:

Account #:

Expiration Date: Security Code:

Name on Card:

Card Owners Billing Address (if different):

Address:

Address(2):

City:

State: Zip Code:

Checks

Make checks out to Delap LLP.

Please send a copy of this form (in addition to faxing) with your check to:

Delap LLP
5885 Meadows Road, No. 200
Lake Oswego, OR 97035

Signature:

YOUR TOTAL COST:

PLEASE PRINT AND FAX
THIS FORM TO REGISTER

We ask that you fill out all entries in this form. Print it out, sign it and fax it to us at least 2 weeks prior to the class. Make sure your fax went through or call to confirm we received it. If sending a check, payment should be received no later than 1 week before the class.

We cannot accept registration over the phone.

Fax Number:
503-697-4196



CONTACT SHERYL MALM OR JEANETTE SMITH AT (888) 697-1040