**Return to: Registration Inquiries:**

IPOWER LLC PHONE: 703-338-7436

Course Registration EMAIL: [training@ipowerllc.com](mailto:training@ipowerllc.com)

P.O. Box 8624 FAX: 703-787-8639

Reston, VA 20195

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| --- | --- | --- |
| **Course Date** | **Course Name** | **Course Price** |
|  |  | Contact D. Hunt |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Information (Please type/print in boxes below)** | | | | |
| Last Name | |  | First Name | |
|  | |  |  | |
| Organization | |  | Division or Dept | |
|  | |  |  | |
| First Name to Appear on Badge Title | |  | Salutation (Mr., Mrs., Ms., other) | |
|  | |  |  | |
| Mailing Address | |  | City/State/Zip/Country | |
|  | |  |  | |
| Business Phone | |  | Fax Phone | |
|  | |  |  | |
| Emergency Phone | |  | Email Address | |
|  | |  |  | |
|  | |  |  | |
| **Are you a US Citizen?** **Yes** **No** | |  | **If no, country of citizenship:** | |
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| **Special Requirements** |

**Dietary Requests:**

None Vegetarian:        Other:

NOTE: Alternative meals will be offered only at lunch and must be requested on this form.

**Access Requirements:**

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| **Company Profile** |

Defense Agency  Civil Agency  Defense Industry

Commercial Industry Academic Institution  Other:

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| **Payment Options** |

**\*Payment must be received by the first day of class.**

Credit Card Payment (MasterCard/VISA Accepted): *Call Deborah Hunt – (703) 338-7436*

Check (payable to IPOWER LLC) (IPOWER LLC Federal ID Number: 54-2026586**)**

Corporate/Organization Purchase Order:

Government Purchase Order (i.e., DD1556):

If payment is for multiple participants, please list participants here:

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| --- | --- | --- |
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Contact Information for Payment Questions

Name:

Title:

Division/Dept:

Phone:

Email:

|  |
| --- |
| Internal Use Only |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received |  | Amount Paid |  | Check Number |  |
| Date Entered |  | Amount Due |  | Initials |  |