



REGISTRATION FORM

I. PRODUCT TRAINING SEMINAR FOR: _____
(Date)

II. NAME OF ATTENDEES <i>(Please Print)*</i>	COMPANY NAME
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

*(*Please use a separate sheet if necessary)*

III. PURCHASE ORDER# *: _____

Requestor's Name: _____

Signature: _____ Date: _____

Address: _____

Tel.: _____ Fax: _____

E-mail: _____

*(*Please provide a purchase order number for billing reference. This portion must be completed and signed to process your registration without delay.)*

IV. METHOD OF PAYMENT *(Please check one):*

_____ VISA or MASTER CARD. Please give card information over the phone to our Accounting Department or the training coordinator. Funds must be received *14 days before the training date*.

_____ CHECK. (Domestic only) Please mail the payment to APOLLO: 3610 Birch Street, Newport Beach, CA 92660. Checks must be received *14 days before the training date*.

_____ WIRE TRANSFER. Please fax proof of transfer to fax # (949) 852-8172 or e-mail to our Accounting Department or the training coordinator. Funds must be received *14 days before the training date*.

NOTE: Cancellation notice must be in writing and must be received *3 days before the training date*.
There will be a 20% cancellation fee for cancellations made after the deadline.

To register, please complete this form and fax to: 949-852-8172 or e-mail: apollo@apollo-security.com