



On-Site Dealer Training Registration Form

Please print. **All** fields are mandatory unless otherwise noted. Incomplete forms will extend processing times.

CONTACT INFORMATION

Contact Name (First and Last): _____

Company Name: _____

Sales Rep (Company Name): _____

i3 Sales Rep (If Applicable): _____

Company Address: _____

Contact Phone#: _____ Contact E-mail Address: _____

TRAINING DATE & INFORMATION

Training Dates:* From: _____ To: _____ Number of Attendees: _____

Training Location Address: _____

Comments/Requests (optional): _____

** On-site Dealer Certification Training is 2 days long. Training Dates are subject to trainer availability.*

PAYMENT OPTIONS

Important: Registration fee of **\$800** / instruction day is due at the time of training registration. Travel Expenses invoice will be sent separately once the trainer's flight and hotel have been booked (where applicable). Travel Expenses invoice must be paid at least 2 weeks before the training date. Failure to pay the Travel Expenses invoice may lead to training cancellations.

Please Select the Form of Payment: VISA Master Card American Express Purchase Order[†]

Name of Card Holder: _____ Card Holder's Signature:^{††} _____

Card Number: _____ CVV/CSC^{†††}: _____ Card Expiry Date: _____

[†] Please call or e-mail for details

^{††} Please note that by signing this form, the card holder gives i3 permission to charge the corresponding training fee amount to the provided credit card number.

^{†††} CVV/CSC - Card Verification Value / Card Security Code is a 3 digit number on VISA® and MasterCard® branded credit cards. On your American Express® branded credit or debit card it is a 4 digit numeric code.

TERMS AND CONDITIONS (Please put your initials next to every paragraph to acknowledge your acceptance of the terms) Initials: _____

- You agree to pay the travel expenses incurred by i3 trainer (such as airfare, car rental, and hotel accommodations, etc.) _____
- Please cancel well in advance. Any airline penalties incurred as a result of late cancellations are financial responsibility of the dealer. _____
- Please email the completed application to oskelly@i3international.com. _____

This registration was submitted by (Please Print): _____

Authorizing Signature: _____ Dated On: _____

With any questions please contact **Olga Skelly at ext.135** (oskelly@i3international.com)

FOR OFFICE USE ONLY:

Date: _____

Signature: _____