



# Registration

**Security Professional Exam Preparation Course**

**Time Tuesdays: 6:00pm-8:30pm**

**Course Dates: May 6 Through August 12, 2008**

**Location: STEAL-2 Lab, Peter Kiewit Institute**

**1110 South 67<sup>th</sup> Street, Omaha NE**

Attendee

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Payment

Course Fee: Full Registration \$995.00

Check Enclosed (Payable to: NebraskaCERT) Amount: \$995.00

Purchase Order # \_\_\_\_\_  
Phone: \_\_\_\_\_

Credit Card

AMEX       VISA       Mastercard       Discover

Cardholder o Same as Attendee (see above)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CVV # (on reverse side of card) \_\_\_\_-\_\_\_\_-\_\_\_\_ Amount to be charged to credit card: \$995.00

Card holder Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about the course? \_\_\_\_\_

Would you like a fax confirmation?     Yes  No      Fax # \_\_\_\_\_  
 Would you like a credit card receipt?     Yes  No      Fax # \_\_\_\_\_

<p><b>MAIL THIS FORM TO</b></p> <p><u>NuGenSoft</u>  <u>Attn: NebraskaCERT</u>  <u>8031 West Center Road, Suite #101</u>  <u>Omaha NE 68124</u></p>	<p><b>OR FAX THIS FORM TO:</b></p> <p><u>FAX: 402-550-5580</u></p> <hr/> <p><u>Phone: 402-551-9817</u>  <u>E-mail: <a href="mailto:training@nebraskacert.org">training@nebraskacert.org</a></u>  <u>Website: <a href="http://www.NEbraskaCERT.org/sp">http://www.NEbraskaCERT.org/sp</a></u></p>
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