

Zebra Class Registration Form

2012 - ZASP Card Technical Training

Choose class then CALL to ensure availability.

Please check the appropriate class and date. Fees are quoted on a per class / student basis.

TT-CDZASP ZASP Card Printer 4 days

	Date	Location	Time (4-days)
<input type="checkbox"/>	Jan. 31st – Feb. 3rd	VH	8:30 AM – 5:00 PM
<input type="checkbox"/>	Feb. 21st – Feb. 24th	VH	8:30 AM – 5:00 PM
<input type="checkbox"/>	Mar. 20th – Mar. 23rd	RI	8:30 AM – 5:00 PM
<input type="checkbox"/>	Apr. 3rd – Apr. 6th	RI	8:30 AM – 5:00 PM
<input type="checkbox"/>	May 22nd – May 25th	VH	8:30 AM – 5:00 PM
<input type="checkbox"/>	June 19th – June 22nd	VH	8:30 AM – 5:00 PM
<input type="checkbox"/>	July 17th – July 20th	VH	8:30 AM – 5:00 PM
<input type="checkbox"/>	Aug. 21st – Aug. 24th	VH	8:30 AM – 5:00 PM

Locations: VH = Vernon Hills, Illinois
RI = Lincoln, Rhode Island

Registration Information

ZASP Card Technical Training Fee: \$200 /technician /class
(Fully Discounted! - 90%)

NOTE: When course enrollment is less than four (4) attendees, Zebra reserve the right to cancel the course. If there are less than four (4) attendees, Zebra will make every attempt to notify you at least 14 days in advanced.

Please contact our Card Technical Training staff in Vernon Hills, IL for current openings, or more information about ZASP Card training.

Robert Barselou:
Phone: (805) 578-1251
Email address: rbarselou@zebra.com

Fax completed forms to (847) 913-2578

Registration Information

Contact Name: _____ Company Name: _____

Approving Manager: _____ Address: _____

Phone Number: (____) _____

Fax # (____) _____ E-Mail Address: _____

Name(s) of technician(s) attending: Please list additional students on a separate sheet of paper and attach.

1. _____ 2. _____

Check box if student has previously received training from Zebra Technologies.

Member of Card Partners First Program

• **For Partners First and ZASP's only.** Zebra Account # _____ Purchase order # _____

Please attach a copy. PO needs to include; company name and address, accounts payable contact information, billing address, & PO #.
We must have this in order to reserve your seat(s) in the class.

Method of Payment Amount Due: \$ _____

• Credit Card (circle card type): VISA MC AMEX DISC Card Number : _____

• Expiration Date: _____ Card Signature: _____

Fees for the class will be processed at time of registration.

Fees will be refunded if reservations are canceled in writing at least fifteen (15) days prior to the start of the course. If the reservation is canceled less than fifteen (15) days prior to the start of the class or the seat has been postponed one or more times, the class fees will be refunded minus a \$150 Cancellation Fee per class. Class may also be rescheduled for a later time.

NOTE: When course enrollment is less than four (4) attendees; Zebra reserves the right to cancel the course and refund your money.

Office use only;

Received _____ Confirmed _____ - _____ Baan # _____ SO# _____ Speed Scan _____