19030 Lenton PL. SE #162
Monroe, WA. 98272-1353
PHONE/FAX: 1-800 726-1433
www.csisite.net

ENROLLMENT FORM

Please print this form and mail with payment. **To reserve a seat, fax us a copy of this completed form. We will hold your seat for up to one week until we receive payment.**

___	Computer Forensics Core Competencies	Course Date: ___ ___ / ___ ___ ___ ___	$1700.00
___	Packet Analysis and Intrusion Detection	Course Date: ___ ___ / ___ ___ ___ ___	$1700.00
___	Windows Forensics Essentials	Course Date: ___ ___ / ___ ___ ___ ___	$525.00
___	Computer Forensics For Attorneys	Course Date: ___ ___ / ___ ___ ___ ___	$175.00
___	CSFA Certification Test	Course Date: ___ ___ / ___ ___ ___ ___	$400.00

Student Information:

First Name:_____ Last Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone: _____ Fax: _____

Email – Please Print Clearly

Note: You email address will not be provided to anyone else, this is for CSI use only.

Organization Type:

___Law Enforcement ___Government ___Corporate ___Law Firm ___Other:_____

Payment:

___Check/Money order is enclosed in the amount of: _____

___Please charge my: ___Visa ___MasterCard ___American Express ___Discover

Card # ____ ____ ____ ____ / ____ ____ ____ ____ / ____ ____ ____ ____ / ____ ____ ____ ____

Expiration Date: ___ ___ / ___ ___ ___ ___ Name on Card: _____

Signature:_____

___Please call me at ___ ___ ___ - ___ ___ ___ - ___ ___ ___ to take my credit card payment.

I understand that CyberSecurity Institute may, at its discretion, cancel a class due to low enrollment or other unforeseen circumstances. I will be notified via email at least 7 calendar days prior to the scheduled date of any cancellation, and will receive a full refund.

Customer Signature:_____ Date:_____

CyberSecurity Institute reserves the right to refuse participation in its courses and programs to any person and/or institution. If participation is refused, customer will receive a 100% refund.

Discount Coupon Code: ____ ____ ____