



# Technical Training 2012 - Enrollment Form

## Billing Address (Please Print)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

(Must receive payment in advance to reserve spot for class.)

## Person(s) Attending:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Date you wish to attend training in 2012:

February 7-9

August 7-9

April 10-12

October 9-11

June 5-7

December 4-6

Charge training to:

MasterCard

Visa

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (three digit code on back of card) \_\_\_\_\_

Signature \_\_\_\_\_

Return form to: [cindy.park@zenitel.com](mailto:cindy.park@zenitel.com) - Fax: 816/231-7203 - Phone: 816/231-7200  
6119 Connecticut Avenue - Kansas City, MO 64120 - [www.stentofonusa.com](http://www.stentofonusa.com)