

Training Registration Form

Date: _____

Training Course(s):

<u>Course Number</u>	<u>Course Name</u>	<u>Preferred Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Information: (All information must be completed for registration confirmation.)

First & Last Name: _____

Organization: _____

Telephone Number: _____

E-Mail Address: _____

Person Making Reservations:

First & Last Name: _____

Organization: _____

Telephone Number: _____

E-Mail Address: _____

Method of Payment: (You must select one of the following billing options.)1. Check or Credit Card2. L3Harris Contract3. Invoice:

- Does your organization require a purchase order? Yes No

- **If yes, please include the PO number:** _____

Billing Address: _____

Company: _____

Attention: _____

Street Address: _____

City/State/Country: _____

Postal Code: _____

4. L3Harris EmployeeAll registration requests must be in writing. **One form per student please.**

Return by Mail: L3Harris OR Fax: (434)455-6788
221 Jefferson Ridge Parkway
Lynchburg, VA 24501 E-Mail: pspc_training@L3Harris.com
Attention: Training Registrar