

Courses

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Course Number	Course Name	Preferred Date	Prerequisites <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion Dates(s)
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Student

All information must be completed for registration confirmation.

Student Name _____

Organization _____

Telephone Number _____

E-mail Address _____

Person Making Reservation

Check if same as student above

Name _____

Organization _____

Telephone Number _____

E-mail Address _____

Method of Payment

You must select one of the following billing options.

Check Credit Card L3Harris Contract L3Harris Employee

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 _____

Send completed registration requests to:

Fax: (434) 455-6788

E-mail: pspc_training@L3Harris.com

One form per student please.



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