



# IBDN Course Registration Form

Please Fax to Training Center at 514-822-7983

**Payment is due upon registration - see below**

**Client Information:**

Please PRINT all information clearly.

Please note that incomplete forms cannot be processed.

**Student Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ (optional) **YEARS OF EXPERIENCE:** \_\_\_\_\_

**Company:** \_\_\_\_\_

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

**Zip Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Course Selection:**

RCDD

	Course	Credits	Duration		Session Date	City / State
	<b>MANDATORY</b>	in hrs				
	<b>PLEASE NOTE THAT YOUR CREDIT CARD WILL BE CHARGED IN CANADIAN DOLLARS</b>				to accept, please put initials in box	
<input type="checkbox"/>	IBDN-305 Introduction to BELDEN	7	CD Rom	\$150	by correspondence	
<input type="checkbox"/>	IBDN-303 IBDN Design & Concept	14	2 days	\$1,000		
<input type="checkbox"/>	IBDN-726 IBDN Installation Training Copper ( 1st day of 700)	7	1 day	\$500		
<input type="checkbox"/>	IBDN-746 IBDN Installation Training Fiber (2nd day of 700)	7	1 day	\$500		
<input type="checkbox"/>	IBDN-700 Installation - Copper & Fiber	14	2 days	\$1,000		
<input type="checkbox"/>	IBDN-201 Project Management (incl. Audit 202)	14	2 days	\$1,000		
<input type="checkbox"/>	IBDN-600 Belden Wireless Integrator Course	7	1 day	\$500		

*(Taxes will be added where applicable)*

**Cancellation Fees:**

A 50% charge applies to all cancellations made within 5 working days of the first day of the scheduled session(s).

Students not attending (without cancelling) will NOT be reimbursed.

BELDEN has the right to cancel any course within 1 weeks of its starting date if a minimum number of students have not registered.

**This section is MANDATORY - Payment is due upon registration**

**Payment Method:**

**Company Status:**

- Coop Funds
- Visa / MC / American Express

- CSV    entitled to a 30% discount
- Consultant
- BELDEN Distributor    entitled to a 30% discount
- End-User
- Other - please specify : \_\_\_\_\_

# : \_\_\_\_\_

Exp. Date (    /    )

Name of cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

For dedicated trainings, please contact the Belden IBDN Training Center at (514) 822-7045 or IBDN.Training@Belden.com