



4X Diagnostics, LLC

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Training Course Registration Form

Registrant's Information

Name: _____
Title: _____
Company: _____
Building: _____
Mail Stop: _____
Address: _____
City: _____
State/Prov: _____ Zip/Postal Code: _____
Phone: _____
Fax: _____
E-mail: _____
Comment: _____

Course Name and Location: (check selection)

- Category I (\$1,450 USD) Category II (\$1,650 USD) Category III (\$1,850 USD)
 Certification Exams: Cat I (\$250 USD), Cat II (\$300 USD), Cat III (\$350 USD)
 Practical Aspects of Operational Deflection Shape & Modal Analysis (\$1,700 USD)

Date: _____ Location: _____

Payment Method: (Payment must be made in advance of the course)

- Credit Card** (MC/VISA/AMEX/Discover)
Cardholder Name: _____
Cardholder Address/phone: _____
Card Number/Expiration: _____
- Purchase Order Number: _____
- Payment Enclosed \$ _____ (make check payable to 4x Diagnostics)