



# REGISTRATION

## CISSP Preparation Course

Time: Mondays 6:00 PM – 8:30 PM

Course Dates: April 24 Thru July 31, 2006  
Location: Room 279, Peter Kiewit Institute  
1110 S 76<sup>th</sup> St., Omaha, NE

### Attendee

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Payment

Course Fee: Full Registration \$995.00

Check Enclosed (*Payable to: NEbraskaCERT CISSP 2005*) Amount: \$995.00  
 Purchase Order # \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ (*Attach P.O. or address to invoice*)  
*Note: Payment must be received by April 15<sup>th</sup>*

Credit Card  
 AMEX  VISA  Mastercard  Discover (*Please print name as it appears on card*)  
**Cardholder**  Same as Attendee (*see above*)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_

Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
CVV # (*on reverse side of card*) \_\_\_\_\_ Amount to be charged to credit card: \$995.00  
Cardholder Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **FAX THIS FORM TO: NEbraskaCERT 402-551-9819**

Would you like to be added to our e-mail list?  Yes  No  
How did you learn about this course? \_\_\_\_\_  
Would you like a fax confirmation?  Yes  No Fax # \_\_\_\_\_  
Would you like a credit card receipt?  Yes  No Fax # \_\_\_\_\_