



2010 NAID Certified Secure Destruction Specialist® Training 10-Week Webinar Series

REGISTRATION

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email: _____

Telephone: _____ Fax: _____

COST:

1 ATTENDEE = \$169
2-5 ATTENDEES = \$149 (Per attendee)
6-20 ATTENDEES = \$129 (Per attendee)
20 OR MORE ATTENDEES = \$109 (Per attendee)

TOTAL COST: _____ (# OF ATTENDEES) x _____ (DESIGNATED PRICE)= _____

SESSION TIMES AND DATES:

Preference Only – Registrants may alternate or attend both sessions

Session 1: ___ October 5, 2010 at 11:00 AM EST	OR	___ October 6, 2010 at 4:00 PM EST
Session 2: ___ October 12, 2010 at 11:00 AM EST	OR	___ October 13, 2010 at 4:00 PM EST
Session 3: ___ October 19, 2010 at 11:00 AM EST	OR	___ October 20, 2010 at 4:00 PM EST
Session 4: ___ October 26, 2010 at 11:00 AM EST	OR	___ October 27, 2010 at 4:00 PM EST
Session 5: ___ November 2, 2010 at 11:00 AM EST	OR	___ November 3, 2010 at 4:00 PM EST
Session 6: ___ November 9, 2010 at 11:00 AM EST	OR	___ November 10, 2010 at 4:00 PM EST
Session 7: ___ November 16, 2010 at 11:00 AM EST	OR	___ November 17, 2010 at 4:00 PM EST
Session 8: ___ November 30, 2010 at 11:00 AM EST	OR	___ December 1, 2010 at 4:00 PM EST
Session 9: ___ December 7, 2010 at 11:00 AM EST	OR	___ December 8, 2010 at 4:00 PM EST
Session 10: ___ December 14, 2010 at 11:00 AM EST	OR	___ December 15, 2010 at 4:00 PM EST

*****Each Session is One (1) Hour in Duration*****

Cancellations must be received 48 hours prior to the first session in order to receive a refund.

Payment is by:

Enclosed Check (Payable to "NAID") Check No.: _____ Total Payment \$ _____

AmEx MasterCard Visa Card # _____ - _____ - _____ Expires (mo/yr): ____ / ____

Name on Card: _____ Signature: _____

FAX completed form to: 1-602-788-4144
MAIL completed form to: 1951 West Camelback, Suite 350, Phoenix AZ
QUESTIONS? Call 1-602-788-6243 or E-mail accreditation@naidonline.org

FOR NAID USE ONLY	Received:	Registered:	Confirmed:
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PARTICIPANTS * Please use capitalized letters *

First Participant: _____
Participant's Title: _____
Email: _____

Additional Participant: _____
Participant's Title: _____
Email: _____

Additional Participant: _____
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Additional Participant: _____
Participant's Title: _____
Email: _____

*** For additional participants please use additional sheets ***