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| Today’s Date: [Date] | |  | | | | | |
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| **REGISTRATION FORM** | | | | | | | |
|  | | | | | | | |
| **2x2**  \_ \_ \_ \_ \_ \_ \_ \_ [Last Name] [First Name] | | | | \_\_ \_ \_ [Middle Initial] [Jr. or Sr.] | | \_  Marital status: | |
|  | | | | | | | |
| Contact number and Email address: | | | | | | |  |
| **COMPANY INFORMATION** | | | | | | |
| Company name : | | | | | | |
| Company Address: [Address/ P.O Box, City, ST ZIP Code] | | | | | | | |
| Company phone no.:  [Email Address] | Cell phone no.:  [Website] | | | | | | |
| Employer Name:  [Employer] | Employer phone no.:  [Phone] | | | | | | |
|  | | | | | | | |
| Nature of your company:  Years of operation: Working days: From \_ to \_ Working Hours: | | | | | | | |
| HR Name: | | | | | | | |
| Contact Number and Email Address: | | | | | | | |
| **REFER A FRIEND** | | | | | | | |
|  | | | | | | | |
| Name:  Name: | | | Contact number:  Contact number: | | Email add:  Email add: | | |
| **Privileges, Terms and Conditions:**  1. $150 registration fee  2. Certificate will issue by Hikvision Engineers  3. The participant will receive ID from Hikvision  **4.** Includes 1 Smart IP Camera please change to a special token of a SMART camera value about $500 at retail price will be given  **Seminar Curriculum**   1st day : whole day discussion   2nd day - 1st half: actual operation   2nd day - 2nd half examination and awarding  Participant Signature Date | | | | | | | |