

Online Training Request Form

today's date _____

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|---|--|
| Contact's Name (and title): | |
| Student's Name (and title): | |
| <i>(If >1 student, please supply a list)</i> | |
| Web-based Training Topic: <i>(Please use a separate form for each topic.)</i> | Please select topic and specify your desired start date. You will be contacted with confirmation and details. Maximum 4 students per class. <input type="checkbox"/> Quick Start to Datawatch Desktop Designer, 3 hours (\$250 per person) <input type="checkbox"/> Quick Start to Datawatch Modeler, 3 hours (\$250 per person) <input type="checkbox"/> Datawatch Desktop Designer, User/Power User, 12 hours (1,000 per person) <input type="checkbox"/> Basic Datawatch Modeler, 12 hours (\$1,000 per person) <input type="checkbox"/> Intermediate Datawatch Modeler, 12 hours (\$1,000 per person) <input type="checkbox"/> Advanced Datawatch Modeler Data Extraction, 3.5 hours (\$250 per person) <input type="checkbox"/> Advanced Datawatch Modeler Functions & Expressions I, 3.5 hours (\$250 per person) <input type="checkbox"/> Advanced Datawatch Modeler Functions & Expressions II, 3.5 hours (\$250 per person) <input type="checkbox"/> Instructor Consultation – Datawatch Modeler (\$275 per hour) Desired Start Date: _____ (you will be contacted to discuss specific dates and times) <input type="checkbox"/> I will provide my own Datawatch software and it will be installed on the students' computers prior to class. Version used by student: _____ |
| Company/Organization Name: | |
| Main Phone Number: | |
| Shipping Address: | |
| City-State-Zip: | |
| Contact's Phone & Ext & Fax: | Fax: _____ |
| Contact's Email: | |
| Student's Email: | |
| How did you hear about training?: | <input type="checkbox"/> referral <input type="checkbox"/> website <input type="checkbox"/> I am previous attendee <input type="checkbox"/> other |
| Payment information: | <input type="checkbox"/> Check enclosed (made payable to Datawatch Corporation) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> PO (attached, Net Due Upon Receipt) *Total Amount: \$ _____ Number of Attendees: _____ Credit Card #: _____ exp: _____ Name on credit card: _____ Signature: _____ <input type="checkbox"/> I agree to the cancellation policy (see Datawatch website to view policies) |

Please visit www.datawatch.com for course descriptions, duration, prerequisites, prices, cancellation policies and other information.

Please complete, sign and return this form to Datawatch. A training representative will contact you to review and confirm your date and provide you with details. See the Datawatch website for course descriptions, prices, and cancellation policy.

Datawatch Corporation: 271 Mill Road, Quorum Office Park, Chelmsford, MA 01824

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