



## Summation Professional User Certification Registration Form

### Attendee Information (One Per Form):

Name/Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Billing Information (If Different):

Name/Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check any that apply:  BLSA Member  AAPI Member  PP Certification  PLS Certification  ALS Certification  
How did you hear about our training?:  Previous Attendee  Web Site  Conference  Referral  Postcard/Mail

### Class Selection:

Please indicate the class location and date you would like to register for below:

Class Location: \_\_\_\_\_ Class Date: \_\_\_\_\_

### Payment / Registration Fees

**TOTAL PAYMENT: \$ 550**

Check payable to Imaging & Video Resources  
*Please bring your check the day of your training.*

PO# (if required): \_\_\_\_\_

Please bill my credit card using the information below.

Credit Card Type (circle one): VISA MC AMEX

Card Number: \_\_\_\_\_

Expiration (mm/yyyy): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

**PRINT THIS FORM AND FAX TO (205) 251-4824.**

Please send me a copy of the invoice for my records.

### PLEASE NOTE:

Payment must be made on or before the day of training. If you require an invoice, please check the space provided to the left and we will send one to you.

Once your registration form is received, you will receive an e-mail confirmation with details about the class.

Date and/or location changes can be made if notice is received at least three (3) days prior to the class. IVR reserves the right to cancel or reschedule any class.

### Send Registration by Mail to:

Imaging & Video Resources  
505 20th Street North, Suite 1275  
Birmingham, AL 35203

### Or by e-mail to:

E-MAIL: admin@imagingandvideo.com