



Technical Surveillance Sciences, Inc.

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TRAINING REGISTRATION FORM

NAME

(Last) (First) (Middle Initial)

TITLE/RANK

DEPT/AGENCY

DIVISION

DEPT

ADDRESS

(City) (APO/FPO) (State) (Zip)

(Area Code) (Telephone Number)

(E-mail address optional)

NAME & TITLE
OF SUPERVISOR

Please enter my enrollment in the following TSS Training Course: _____

to be held at _____ Date: _____

I have enclosed a check/draft/purchase order in the amount of \$_____ which represents payment in full for the above training program. If, for any reason, this application is not accepted or the program is cancelled, this amount will be promptly refunded in full. In the event that it becomes necessary to cancel my reserved place in the program, I understand that I must make such cancellation in writing to TSS at least 5 calendar days prior to the 1st day of the scheduled training program. NOTE: As an added convenience, TSS also accepts Visa, MasterCard and American Express charge cards.

Do you have any previous experience which relates to this Course? Yes _____ No _____

Briefly describe your present assignment and responsibilities: _____

SIGNATURE: _____ DATE: _____