

# Training Registration Form



**Caliper Corporation**  
 1172 Beacon Street, Suite 300  
 Newton, MA 02461-9926  
 Phone: (617)527-4700 Fax: (617)527-5113



Attendee:		Bill to: (if different from Attendee)	
Name:		Name:	
Company:		Company:	
Address:		Address:	
City, State, ZIP		City, State, ZIP	
Country:		Country:	
Phone: _____ Ext. _____		Phone: _____ Ext. _____	
Fax: _____		Fax: _____	
E-Mail: _____		E-Mail: _____	

**Method of Payment:**

Check Enclosed (payable to Caliper Corporation)      For Credit Card Orders:

Visa      Acct No. \_\_\_\_\_ CVV# \_\_\_\_\_ Exp. Date \_\_\_\_\_

MasterCard      Name on Card \_\_\_\_\_

American Express      Authorized Signature \_\_\_\_\_

Please Register Me for...	Location	Dates
<input type="checkbox"/> Travel Demand Modeling with TransCAD		
Price	Total	
<b>COST:</b> \$1500		

**Please Read and Sign This Cancellation and Rescheduling Notice:**

If you need to cancel and you notify us at least two weeks before the class, we will give you a full refund. If you notify us less than two weeks before the class, we will give you a 50% refund.

If you need to reschedule, please notify us at least two weeks before the class so we can assign you to another class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE: Orders are subject to acceptance by Caliper Corporation. Prices are subject to change.**