

# 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:	Phone:
Fax:	Fax:
E-Mail:	E-Mail:

**Method of Payment:**

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

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

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

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

Please Register Me for...	Dates	Location	Price
<input type="checkbox"/> Maptitude for Redistricting			
<input type="checkbox"/> On-site Private Maptitude for Redistricting Training			

**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.**