

## Training Registration Form



**Caliper Corporation**  
 1172 Beacon Street, Suite 300  
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 (617) 527-4700 Fax: (617) 527-5113

# TransModeler

## Traffic Simulation Software

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

### Method of Payment:

<input type="checkbox"/> Check Enclosed (payable to Caliper Corporation)	For Credit Card Orders:
<input type="checkbox"/> Visa	Acct No. _____ Exp. Date _____
<input type="checkbox"/> MasterCard	Name on Card _____
<input type="checkbox"/> American Express	Authorized Signature _____

### Please Register Me for...

### Location

### Dates

Please Register Me for...	Location	Dates
<input type="checkbox"/> Traffic Simulation with TransModeler		

### Price

<b>COST:</b> \$995	
<b>GROUP DISCOUNT:</b> If you are attending with at least two others from your company, deduct 10%*	
<b>TOTAL:</b>	

\*Please submit one form for each attendee.

### 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.**