

# NYSESA 2020 TRAINING COURSE REGISTRATION FORM



<u>LEVEL ONE CERTIFIED ALARM TECHNICIAN</u>	NUMBER OF STUDENTS	MEMBER PRICE	NON-MEMBER PRICE	TOTAL COURSE / EXAM FEE(S)
VIRTUAL INSTRUCTOR-LED COURSE - NEW YORK STATEWIDE - 10/7-9/20		\$395	\$495	
<u>ADVANCED INTRUSION SYSTEMS</u>	NUMBER OF STUDENTS	MEMBER PRICE	NON-MEMBER PRICE	TOTAL COURSE / EXAM FEE(S)
VIRTUAL INSTRUCTOR-LED COURSE - NEW YORK STATEWIDE - 10/21-23/20		\$395	\$495	
<u>FIRE ALARM INSTALLATION METHODS</u>	NUMBER OF STUDENTS	MEMBER PRICE	NON-MEMBER PRICE	TOTAL COURSE / EXAM FEE(S)
VIRTUAL INSTRUCTOR-LED COURSE - NEW YORK STATEWIDE - 11/4-6/20		\$395	\$495	
<u>TROUBLESHOOTING, SERVICE AND MAINTENANCE</u>	NUMBER OF STUDENTS	MEMBER PRICE	NON-MEMBER PRICE	TOTAL COURSE / EXAM FEE(S)
VIRTUAL INSTRUCTOR-LED COURSE - NEW YORK STATEWIDE - 11/18-20/20		\$395	\$495	

*Registering more than ONE student - attach a list of student names / courses attending / exam format choice.*

All payments must be received at least ONE WEEK prior to the first day of the course !!!	<b>TOTAL COURSE REGISTRATION FEE(S) =</b>	
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**GENERAL COURSE INFORMATION**

Courses begin at 8:00am and conclude at 5:00pm. Courses are held on Wednesday - Friday. Students are responsible for their own meals and lodging.

Course examinations are conducted at NYS approved testing facilities. Students will be contacted with exam registration details upon completion of the course. Contact the NYSESA office regarding testing process questions...

Course confirmations with specific course location information will be sent to all pre-registered students ONE week prior to the start of the course.

**WALK-IN REGISTRATIONS ARE NOT ACCEPTED...**

**Cancellation Policy:** Written cancellation at least 10 days prior to first day of course – 100% of course fee refunded. Written cancellation less than 10 days prior to first day of course – receive credit of 50% of paid fees towards future course taken within the next 6 months.

**Special Accommodations:** Please contact the NYSESA State Office a minimum of 10 days prior to the beginning of the course if you require special accommodations for a disability.

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

Contact: \_\_\_\_\_ Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Payment Type:      Check Payable to NYSESA ( )    Master Card ( )      Visa ( )      Amex ( )

Credit Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Payment (with completed form) to: NYSESA - 1971 Western Avenue - PMB 1105 - Albany, NY 12203  
 (800) 556-9232 (NY) or (814) 838-0301 (Outside NY)    www.NYSESA.org  
 Credit Card Payments may be faxed to - (814) 838-5127 or email to Info@NYSESA.org