

Training Workshop Registration Form

<u>Course Name</u>	<u>Length</u>	<u>Location (check one)</u>		
		<i>On-Site</i>	<i>SSP-CAN</i>	<i>SSP-USA</i>
<input type="checkbox"/> HCDR-1000 System Training	2-Days	_____	_____	_____
<input type="checkbox"/> SDR-2000 System Training	2-Days	_____	_____	_____
<input type="checkbox"/> SCA on SDR-2000 / WDS Training	4-Days	_____	_____	_____
<input type="checkbox"/> SDR-3000 System Training	2-Days	_____	_____	_____
<input type="checkbox"/> SCA on SDR-3000 Training	4-Days	_____	_____	_____
<input type="checkbox"/> SDR-4000 System Training	2-Days	_____	_____	_____
<input type="checkbox"/> SCA on SDR-4000 Training	4-Days	_____	_____	_____
<input type="checkbox"/> Zeligsoft Training	1-Day	_____	_____	_____
<input type="checkbox"/> MRDP or iMRDP System Orientation	1-Day	_____	_____	_____
<input type="checkbox"/> System Orientation	2-Days	_____	_____	_____

Spectrum requires attendee information for visit clearances and export compliance. Please bring government issued photo identification showing date of birth and full name. Attendee substitutions and/or training date changes need at least 3 weeks notice.

Depending on the training program, Spectrum may need to contact a person who is authorized to confirm employment status of all proposed visitors as well as any CGP or ITAR registration of your organization. This person may be from Human Resources, a Security Officer or Designated Official.

Designated Official / Security Officer / Human Resources *

Name (first, middle(s), last):	Title:
Company:	Phone/Email:

The Name, Company, Citizenship, and Date of Birth fields below are mandatory. Failure to fill in these fields can delay our processing of this form, as we may need to contact you again for the information. Thank you for filling out these fields completely.

Main Contact / Attendee *

Name (first, middle(s), last):	Phone:
Company:	Fax:
Citizenship:	Date of Birth:
Address:	Email:

What is your background in the following areas?

GPP	DSP	FPGA	Hardware	SCA
___ Expert	___ Expert	___ Expert	___ Expert	___ Expert
___ Middle	___ Middle	___ Middle	___ Middle	___ Middle
___ Novice	___ Novice	___ Novice	___ Novice	___ Novice

What are the top two things your group would like covered during the course?

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Other Course Attendees **

Name (first, middle(s), last):			Citizenship:	
Company:			Date of Birth:	
<i>What is your background in the following areas?</i>				
GPP	DSP	FPGA	Hardware	SCA
<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert
<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle
<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice

Name (first, middle(s), last):			Citizenship:	
Company:			Date of Birth:	
<i>What is your background in the following areas?</i>				
GPP	DSP	FPGA	Hardware	SCA
<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert
<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle
<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice

Name (first, middle(s), last):			Citizenship:	
Company:			Date of Birth:	
<i>What is your background in the following areas?</i>				
GPP	DSP	FPGA	Hardware	SCA
<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert
<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle
<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice

Name (first, middle(s), last):			Citizenship:	
Company:			Date of Birth:	
<i>What is your background in the following areas?</i>				
GPP	DSP	FPGA	Hardware	SCA
<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert	<input type="checkbox"/> Expert
<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle	<input type="checkbox"/> Middle
<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice

Enter the dates that your team is available for training in order of preference.

Start Date	End Date

Note that training dates are assigned on a first come first served basis and require a Purchase Order or Credit Card payment to reserve.

Additional Training Requirements

Form Submission

Please send this form to your Sales Representative or:

Manager, Systems and Applications Engineering.
 Spectrum Signal Processing Inc.
 300 – 2700 Production Way
 Burnaby, BC
 V5A 4X1
 training@spectrumsignal.com
 Fax#: 604-421-1764