



All Points Training

Training Registration Form

Bill to Information

Company Name: _____

Address: _____

Location of Training: _____

Contact Name: _____ Number: _____

Contact Email: _____

List of Participants (maximum of 5):

Room ISDN # _____

Audio # for Room _____

Room IP Address (if applicable) _____

Equipment

Type of Equipment: _____

Multipoint Capabilities: Yes _____ No _____

Number of Monitors: _____

Peripherals: (Please check all that apply)

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> PC | <input type="checkbox"/> VCR/DVD |
| <input type="checkbox"/> DocCam | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SMARTBoard | |



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