



COURIER CERTIFICATION TRAINING PROGRAM

**April 30 – May 1, 2008,
Hyatt Regency DFW Airport
Dallas, TX**

Company Name:
Address:
Phone Number:
Fax Number:
Email Address:

Type(s) of courier services provided (check all that apply): <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Banking <input type="checkbox"/> Other

Each Company must designate a primary certification officer that should attend this course to receive certification training.

Please provide the following information for each attendee:

COMPANY'S PRIMARY CERTIFICATION OFFICER:
Name:
Address:
Phone Number:
Fax Number:
Cell Number:
Email Address:



COMPANY'S SECONDARY CERTIFICATION OFFICERS:

Name:
Address:
Phone Number:
Fax Number:
Cell Number:
Email Address:

Name:
Address:
Phone Number:
Fax Number:
Cell Number:
Email Address:

Name:
Address:
Phone Number:
Fax Number:
Cell Number:
Email Address:

Cost Worksheet			
First Attendee:	1	@ \$1275.00	
Additional Attendees:	___	@ \$1075.00	= \$ _____
Total Attendees:	___	TOTAL COST	\$ _____



Payment Information

Check # _____ Make Check Payable and mail to:

NTLA
P.O. Box 42783
Philadelphia, PA 19101

Credit Card

AMEX VISA MasterCard Discover

Card # _____ Security Code _____

Expiration Date _____ Total to be Charged \$ _____

Authorized Signature _____

Please Fax Credit card payment information to NTLA at 215-689-2915