Video Systems Technology Course - 2019 Registration Form

This 14 hour course ,followed by an exam gives students the knowledge to successfully design and install a basic video surveillance system

Please check which course you are registering to attend		The Course of Study Includes:			
(_) Buffalo - June 4-5 (_) Elmsford - June 18-19 (_) Albany - October 15-16 PRE-REGISTRATION IS REQUIRED		Imaging hardware, transmission media ,networking overview, monitor options, power, auxiliary equipment, video processing and migration, system design, recording, commissioning, troubleshooting both analog and digital			
Courses begin at 8:30am and conclude at 5:00pm. Students ar			SE INFORMATION eals and lodging.		
Course confirmations with course location 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.					
Tax Deductible: The IRS permits income tax credits for expense	es – such as registra	ation fees, co	ost of travel, meals and lodging	incurred to maintain or improve	e required job skills.
	# OF COURSES (from above)		NYSESA MEMBER PRICE	NON - MEMBER PRICE	TOTAL COURSE FEE(S)
Registering more than ONE stude	nt - attach a I	list of stu	udent names / courses	attending / exam form	nat choice.
COURSE FEES: (per class) COMPUTER BASED EXAM - Students must bring a laptop or tablet and provide a unique email address to take a CBE.			\$395	\$595	
COURSE FEES: (per class) PAPER BASED EXAM - Students will receive the exam results approx. three weeks after course conclusion.			\$425	\$625	
TOTAL COURSE REGISTRATION FEE(S) =					
Company:					
Contact:		 Stı	udent Name:		
Email: Student Email:					
Address:					
City:					
Phone:		гал	x:		
	-		` ,	Visa () Am	nex ()
Credit Card #:					
Expiration:			-		
Signature:					
Mail Payment (with completed for (800) 556-9232 (N Credit Card Payments n	NY) or (814)	838-03	01 (Outside NY) w	ww.NYSESA.org	