

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)
CLASSROOM COURSE - ELMSFORD, NY - 2/12-14/20		\$395	\$495	
CLASSROOM COURSE - ROCHESTER, NY - 2/19-21/20		\$395	\$495	
CLASSROOM COURSE - LONG ISLAND, NY - 4/15-17/20		\$395	\$495	
CLASSROOM COURSE - ALBANY, NY - 6/10-12/20		\$395	\$495	
CLASSROOM COURSE - ELMSFORD, NY - 10/7-9/20		\$395	\$495	
CLASSROOM COURSE - ROCHESTER, NY - 10/7-9/20		\$395	\$495	
CLASSROOM COURSE - LONG ISLAND, NY - 10/14-16/20		\$395	\$495	
<u>ADVANCED INTRUSION SYSTEMS</u>	NUMBER OF STUDENTS	MEMBER PRICE	NON-MEMBER PRICE	TOTAL COURSE / EXAM FEE(S)
CLASSROOM COURSE - ELMSFORD, NY - 2/26-28/20		\$395	\$495	
CLASSROOM COURSE - ROCHESTER, NY - 3/4-6/20		\$395	\$495	
CLASSROOM COURSE - LONG ISLAND, NY - 4/29-5/1/20		\$395	\$495	
CLASSROOM COURSE - ALBANY, NY - 6/24-26/20		\$395	\$495	
CLASSROOM COURSE - ELMSFORD, NY - 10/21-23/20		\$395	\$495	
CLASSROOM COURSE - ROCHESTER, NY - 10/21-23/20		\$395	\$495	
CLASSROOM COURSE - LONG ISLAND, NY - 10/28-30/20		\$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 !!!	TOTAL COURSE REGISTRATION FEE(S) =	
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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

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<u>FIRE ALARM INSTALLATION METHODS</u>	NUMBER OF STUDENTS	MEMBER PRICE	NON-MEMBER PRICE	TOTAL COURSE / EXAM FEE(S)
CLASSROOM COURSE - ELMSFORD, NY - 3/11-13/20		\$395	\$495	
CLASSROOM COURSE - ROCHESTER, NY - 3/18-20/20		\$395	\$495	
CLASSROOM COURSE - LONG ISLAND, NY - 5/13-15/20		\$395	\$495	
CLASSROOM COURSE - ALBANY, NY - 7/8-10/20		\$395	\$495	
CLASSROOM COURSE - ELMSFORD, NY - 11/4-6/20		\$395	\$495	
CLASSROOM COURSE - ROCHESTER, NY - 11/4-6/20		\$395	\$495	
CLASSROOM COURSE - LONG ISLAND, NY - 11/11-13/20		\$395	\$495	
<u>TROUBLESHOOTING, SERVICE AND MAINTENANCE</u>	NUMBER OF STUDENTS	MEMBER PRICE	NON-MEMBER PRICE	TOTAL COURSE / EXAM FEE(S)
CLASSROOM COURSE - ELMSFORD, NY - 3/25-27/20		\$395	\$495	
CLASSROOM COURSE - ROCHESTER, NY - 4/1-3/20		\$395	\$495	
CLASSROOM COURSE - LONG ISLAND, NY - 5/27-29/20		\$395	\$495	
CLASSROOM COURSE - ALBANY, NY - 7/22-24/20		\$395	\$495	
CLASSROOM COURSE - ELMSFORD, NY - 11/18-20/20		\$395	\$495	
CLASSROOM COURSE - ROCHESTER, NY - 11/18-20/20		\$395	\$495	
CLASSROOM COURSE - LONG ISLAND, NY - 12/2-4/20		\$395	\$495	

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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: _____

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