



# ZONA TECHNOLOGY



Advanced Aerodynamic/Aeroelastic/Aeroservoelastic/CAE Engineering Solutions

## TRAINING REGISTRATION FORM

Scottsdale, Arizona

Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### TRAINING COURSE OPTIONS: Please check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> <b>ZAERO BASIC TRAINING*</b> (August 13 - 15, 2018)   | <input type="checkbox"/> <b>ZONAIR TRAINING*</b> (August 20 - 22, 2018) |
| <input type="radio"/> Individual - \$1,000 Per Person (USD)                    | <input type="radio"/> Individual - \$1,000 Per Person (USD)             |
| <input type="radio"/> Group - \$800 Per Person (USD)                           | <input type="radio"/> Group - \$800 Per Person (USD)                    |
| <input type="checkbox"/> <b>ZAERO ADVANCED TRAINING</b> (August 16 - 17, 2018) | <input type="checkbox"/> <b>ZEUS TRAINING*</b> (August 8 - 10, 2018)    |
| <input type="radio"/> Individual - \$800 Per Person (USD)                      | <input type="radio"/> Individual - \$800 Per Person (USD)               |
| <input type="radio"/> Group - \$600 Per Person (USD)                           | <input type="radio"/> Group - \$600 Per Person (USD)                    |

Group = 3 or more attendees from the same organization  
Contact ZONA for academic rates

### PAYMENT:

- Please Email Invoice, PO#: \_\_\_\_\_ Amount To Bill: \$ \_\_\_\_\_  
 Email address for Invoice: \_\_\_\_\_
- Please Bill My Credit Card:       Visa       Master Card  
     Discover       American Express
- Card Number: \_\_\_\_\_  
 Card Holder's Name: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Amount To Bill: \$ \_\_\_\_\_  
 CVC (Card Validation Code): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 Card Holder's Signature: \_\_\_\_\_

Please complete form and return it by email, fax, or mail to ZONA Technology, Inc.

*\* Please note that a laptop is required for Hands-On Training.*