

Course Information

Location: *(fill out location information for custom on-site course, otherwise check the desired location)*

- | | |
|---|---|
| <input type="checkbox"/> FiberOptic.com Facility , Breinigsville, PA | <input type="checkbox"/> Orlando, FL (FOT-CFI or FOT-MFOT) |
| <input type="checkbox"/> Atlanta, GA (FOT-CFI only) | <input type="checkbox"/> San Francisco, CA (FOT-CFI only) |
| <input type="checkbox"/> Atlantic City, NJ (FOT-CFI only) | <input type="checkbox"/> Dubai, UAE (FOT-CFI only) |
| <input type="checkbox"/> Baltimore, MD (FOT-CFI only) | <input type="checkbox"/> Lagos, Nigeria (FOT-CFI only) |
| <input type="checkbox"/> Chicago, IL (FOT-CFI only) | <input type="checkbox"/> St. Martin (FOT-CFI only) |
| <input type="checkbox"/> Dallas, TX (FOT-CFI only) | |
| <input type="checkbox"/> Denver, CO (FOT-CFI only) | <input type="checkbox"/> On-Site: _____ |
| <input type="checkbox"/> Las Vegas, NV (FOT-CFI or FOT-MFOT) | City: _____ State: _____ Zip: _____ |

Dates: _____ *(Choose from schedule or custom)* **Include ETA Certification** (+\$150)
Course Code: _____ **Price:** _____ x # **Attending:** _____ = **Total** (+ETA if checked): _____

Company Information

Company Name: _____
Company Address: _____
Contact Name: _____
Contact Phone #: _____
Contact E-mail: _____
List All Attendee's attending: _____,
 _____,
 _____,

* Hotel Accommodations, Meal Plans, Transportation and Package deals available.
 Please Contact the Training Coordinator (877.529.9114, Training@fiberoptic.com) for more information.

Payment Information: Check or Credit Card *(payment for course required prior to attendance)*

Make Check to: The Fiber Optic Marketplace
Mail Check to: The Fiber Optic Marketplace
 One TEK Park, Suite 220
 9999 Hamilton Blvd.
 Breinigsville, PA 18031

We accept: Visa, Mastercard, and American Express

Name: _____
Billing Address: _____
 City: _____ State: _____ Zip: _____
Credit Card Type: Visa Mastercard American Express
Credit Card #: _____ **Expiration date:** _____ **CVV2:** _____
Authorized Signature: _____ **Date:** _____
Please Fax To: 215.689.1463 **or** **Mail To:** address listed above for check payment

* No Refunds for cancellation. Substitutions are permitted.

Earn BICSI Credits or ETA Certification!