

TTCN-3 Training Registration

Title Test Automation with TTCN-3
Instructor Dirk Borowski
Location Testing Technologies, Michaelkirchstraße 17/18, 10179 Berlin, Germany

Herewith I apply for my participation in the accredited TTCN-3 Training Course:

I am registered partner. (Member of Testing Technologies' Partner Program.)

Action Code:

Salutation Mr. Ms.

Name

First Name

Company

Position

Field of Business Activity

Required Application Areas for TTCN-3

Address, City/Town

ZIP/Postal Code

Province, Country

Phone

Fax

Email

Special Dietary Requirements

Previous Knowledge

- | | | |
|------------------------|-----------------------------------|-----------------------------------|
| TTCN-3 | <input type="checkbox"/> Beginner | <input type="checkbox"/> Advanced |
| Programming Language | <input type="checkbox"/> Java | <input type="checkbox"/> C/C++ |
| TTworkbench Experience | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I do speak | <input type="checkbox"/> English | <input type="checkbox"/> German |

Please fax your registration latest two weeks before the training **+49 30 726 19 19 20**

For further information please contact Ms. Andrea Gneist at
Phone +49 30 726 19 19 16
Email gneist@testingtech.com

Expenses for the TTCN-3 training course are in total 1904,00 € (incl. 19% VAT) and include a three day training, documentation (handouts), lunch, soft drinks, snacks during the breaks and a social event on the first evening.

Payment is only possible via credit card (Visa/MasterCard). Please complete the Credit Card Form and fax it with your registration. You will receive a written confirmation and invoice shortly after we receive your registration. Cancellation two weeks before the beginning of the TTCN-3 training is free-of-charge. For later cancellations we have to charge the full costs. In case of being prevented it is possible to name a substitute.

Note: By signing this registration form, you admit of publishing your company name as a reference.
 Please mark this box, if you do not wish to be published.

Date, Signature

Credit Card Authorization Form

Please mail the completed form to: Testing Technologies IST GmbH
Michaelkirchstraße 17/18
10179 Berlin, Germany

or fax to: + 49 30 726 19 19 20

Note: WE DO NOT ACCEPT ELECTRONIC SUBMISSIONS BY E-MAIL!

Customer/Billing Information

Company Name	<input type="text"/>		
Attention to	<input type="radio"/> Mr.	Last Name <input type="text"/>	First Name <input type="text"/>
	<input type="radio"/> Ms.		
Billing Address	<input type="text"/>		
Zip Code / City	<input type="text"/>		
State / Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
E-Mail	<input type="text"/>	Web	<input type="text"/>
Training Attendees			
Name #1	<input type="text"/>	Name #2	<input type="text"/>
Name #3	<input type="text"/>	Name #4	<input type="text"/>

Credit Card Information

I, the undersigned, hereby authorize Testing Technologies IST GmbH to charge my credit card account in the amount of EUR (incl. 19% VAT) .

Card Type	<input type="radio"/> Visa	<input type="radio"/> MasterCard
Credit Card Number	<input type="text"/>	
Card Holder	<input type="text"/>	Card Holder Address <small>(if different from above)</small> <input type="text"/>
Expiration Date	<input type="text"/>	Zip Code / City <input type="text"/>
CVV2 or CVC2*	<input type="text"/>	State / Country <input type="text"/>

Card Holder Signature

Date