



FARONICS SALES UNIVERSITY



Registration

Yes, I will be attending Faronics Sales University in _____, on _____.
city and state date

Company: _____

Primary Attendee:

Full Name: _____

Title: _____

Email: _____ Phone: _____

I would like to register additional members of my team below:

Attendee 01: _____ Attendee 02: _____

Attendee 03: _____ Attendee 04: _____

Attendee 05: _____ Attendee 06: _____

Attendee 07: _____ Attendee 08: _____

Attendee 09: _____ Attendee 10: _____

** If you would like to register more than 10 people, please contact your Channel Account Manager*

Faronics Sales University is being offered to our partners free of charge.

If you require hotel accommodations please include your credit card information below as travel and accommodation expenses are not covered by Faronics:

Credit Card Information

Type of Card: _____ Amex _____ Visa _____ Mastercard

Name on Card: _____

Card Number: _____

CCVS: _____ Expiry Date: _____

** Credit Card information is required to reserve hotel accommodations only. Your credit card will not be billed.*

Please return completed form to channelsales@faronics.com or fax to 604-637-8188