



**Student Registration Form 2008**  
**Training Courses held at HKS, Omaha NE**  
**Fax # 402-398-2294**

Please check with your Department Head to determine if your site has *training credits* left on the Contract or if you need to arrange a *change order*. Fax this form to HKS. You will receive a return email confirming your acceptance in the class.

- 121 OTTR Admin I – January 8-10, 2008
- 121 OTTR Admin I – February 12-14, 2008
- 121 OTTR Admin I – March 11-13, 2008
- 121 OTTR Admin I – April 8-10, 2008
- 121 OTTR Admin I – May 13-15, 2008
- 121 OTTR Admin I – June 10-12, 2008
- 121 OTTR Admin I – July 8-10, 2008
- 121 OTTR Admin I – August 12-14, 2008
- 121 OTTR Admin I – October 7-9, 2008
- 121 OTTR Admin I – November 11-13, 2008
- 121 OTTR Admin I – December 9-11, 2008
  
- 525 OTTRFeed – June 24-26, 2008
- 525 OTTRFeed – August 26-28, 2008
  
- Other: \_\_\_\_\_

- 321 OTTR Admin II – February 19-21, 2008
- 321 OTTR Admin II – April 15-17, 2008
- 321 OTTR Admin II – June 17-19, 2008
- 321 OTTR Admin II – August 19-21, 2008
- 321 OTTR Admin II – September 25-27, 2008
- 321 OTTR Admin II – November 18-20, 2008
  
- 521 OTTR Admin III – February 5-7, 2008
- 521 OTTR Admin III – July 22-24, 2008
- 521 OTTR Admin III – September 18-20, 2008
  
- 353 Crystal Reports III – February 26-28, 2008
- 353 Crystal Reports III – June 3-5, 2008
- 353 Crystal Reports III – October 21-23, 2008
  
- BYOL II (Bring Your Own Laptop) Wednesday, September 24<sup>th</sup> (12pm – 6:30 pm)
- BYOL III (Bring Your Own Laptop) Thursday, September 25<sup>th</sup> (9am – 3:30pm)

|   |  |
|---|--|
| <b>Customer Site Name</b>   |  |
| <b>Address City State Zip</b>   |  |
| <input type="checkbox"/> - Oracle or <input type="checkbox"/> - SQL Server? |  |
| <input type="checkbox"/> - Previously Contracted Training                   | <input type="checkbox"/> - Change Order Attached |

**Student Information (Use separate form for each)**

|                         |  |
|-------------------------|--|
| <b>Name</b>             |  |
| <b>Title</b>            |  |
| <b>Department</b>       |  |
| <b>Street Address</b>   |  |
| <b>City, State, Zip</b> |  |
| <b>Phone Number(s)</b>  |  |
| <b>Email address</b>    |  |

Should cancellation be necessary, I understand that I need to do so at least 7 working days before the date of the first class to avoid being charged.

Authorized Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Sign & FAX to (402) 398-2294