



In Association With



AITP/Omaha-
NEbraskaCERT
Security Management
Seminar



Registration Form

**August 21st, 2008
Scott Conference Center**

Seminar Attendee

Name: _____
 Title: _____
 Company: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 E-mail: _____

Payment

Seminar Fee: \$125.00

- Check Enclosed (Payable to: NebraskaCERT) Amount: \$125.00
 Purchase Order # _____
 Phone: _____
 Credit Card
 AMEX VISA Mastercard Discover

Cardholder Same as Attendee (see above)

Name: _____
 Address: _____
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Card Number: _____
 Expiration Date: ____/____/____
 CVV # (on reverse side of card) ____-____ Amount to be charged to credit card: \$125.00

Card holder Signature _____ Date _____

How did you learn about the seminar _____

<p><u>MAIL THIS FORM TO</u> NuGenSoft Attn: NebraskaCERT 8031 West Center Road, Suite #101 Omaha NE 68124</p>	<p><u>OR FAX THIS FORM TO:</u> FAX: 402-502-5580 Phone: 402-551-9817 E-mail: info@nebraskacert.org Website: http://www.certconf.org</p>
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Note: This Registration is Separate from registration for the Conference. For Conference Registration please hit the following URL: <http://www.certconf.org/register.php>