



Registration Form  
**DIACAP Training**  
Woodstock, GA.

Full Name \_\_\_\_\_ (First name for Badge) \_\_\_\_\_

Organization \_\_\_\_\_

Position/Job Function \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of class: \_\_\_\_\_

Training Fees: \$1,350 per person. Discounts available for multiple attendees. Please call for more information: 770-645-1155 x 222

**PAYMENT METHOD:** Purchase Order must be in U.S. funds payable to: **Paramount Solutions. Cage Code 303M3.**

Please check appropriate box: Purchase Order Government Credit Card

Expiration Date: \_\_\_\_\_

Card#: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

Do not email credit card information because security cannot be guaranteed.

Please fax or telephone credit card information.

Please mail or fax completed registration form with payment to:

Phone: (770) 645-1155 x 222

FAX: (770) 645-1989

Email: [@psinc3.com](mailto:@psinc3.com)

2009 DIACAP Training  
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