

Course Registration

Please apply online at www.wwsinc.net/training.html (click on Registration Form), or copy this page, complete, scan and email to info@wwsinc.net or fax it to WWS at +1.703.563.6030. Check the box next to the course that you would like to attend and fill in the date and your personal information below. Please use a separate form per person for each course).

CAS501	<input type="checkbox"/>	CAS509	<input type="checkbox"/>	EAS504	<input type="checkbox"/>	HAS504	<input type="checkbox"/>	MAS506	<input type="checkbox"/>	PAS501	<input type="checkbox"/>	SAS505	<input type="checkbox"/>
CAS502	<input type="checkbox"/>	CAS510	<input type="checkbox"/>	EAS505	<input type="checkbox"/>	LAS501	<input type="checkbox"/>	MAS507	<input type="checkbox"/>	PAS502	<input type="checkbox"/>	SAS506	<input type="checkbox"/>
CAS503	<input type="checkbox"/>	CAS515	<input type="checkbox"/>	FAS501	<input type="checkbox"/>	LAS502	<input type="checkbox"/>	MAS508	<input type="checkbox"/>	PAS503	<input type="checkbox"/>	SAS507	<input type="checkbox"/>
CAS504	<input type="checkbox"/>	DAS501	<input type="checkbox"/>	FAS502	<input type="checkbox"/>	MAS501	<input type="checkbox"/>	MAS509	<input type="checkbox"/>	PAS504	<input type="checkbox"/>		
CAS505	<input type="checkbox"/>	DAS502	<input type="checkbox"/>	FAS503	<input type="checkbox"/>	MAS502	<input type="checkbox"/>	MAS510	<input type="checkbox"/>	SAS501	<input type="checkbox"/>		
CAS506	<input type="checkbox"/>	EAS501	<input type="checkbox"/>	HAS501	<input type="checkbox"/>	MAS503	<input type="checkbox"/>	MAS511	<input type="checkbox"/>	SAS502	<input type="checkbox"/>		
CAS507	<input type="checkbox"/>	EAS502	<input type="checkbox"/>	HAS502	<input type="checkbox"/>	MAS504	<input type="checkbox"/>	MAS520	<input type="checkbox"/>	SAS503	<input type="checkbox"/>		
CAS508	<input type="checkbox"/>	EAS503	<input type="checkbox"/>	HAS503	<input type="checkbox"/>	MAS505	<input type="checkbox"/>	MAS525	<input type="checkbox"/>	SAS504	<input type="checkbox"/>		

Course Date: _____

Duration: 1 week course 2 week course 3 week course 4 week course

Name: _____

Address: _____

Organization: _____

Title: _____

Phone: _____ Fax: _____ email: _____

Would you like WWS to arrange for your accommodations? Yes No

Please e-mail or fax your travel itinerary to WWS so that we can provide assistance with transportation and accommodation. There is a penalty for cancellation.

Signature: _____