

Compliance Information Systems  
1414 S. Main  
Salt Lake City, UT 84115  
PH: 800-647-9070  
Fax: 801-466-0095



## TRAINING REQUEST

To setup/request training please review and complete this request and fax to Compliance Information Systems at **801-466-0095**. Questions should be directed to: Kurt Bothner Ph: 800-647-9070 ext. 606 E-mail: kbothner@everitest.net

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Training Contact: (at your company) \_\_\_\_\_

Requested Training Date: \_\_\_\_\_

(Please note: There is a 6-week lead-time needed to setup **On-Site** training from the receipt of this registration form.)

*Please complete...*

**1) Method of training (Please Check)?**

On-Site **\$1200 first day, \$900 each additional day**  
**(Includes travel, lodging, transportation & meals)**  
# of days (please circle) 1 / 2

WebEx Session **\$75/hour Sessions**  
# Sessions (please circle) 1 / 2 / 3 / 4

At CIS Offices in SLC **\$750 each day**  
**(Client covers personnel travel expenses and all out-of-pocket expenses)**

**2) Products or areas of focus (Please check all that apply)?**

- |  |   |
|--|---|
| <input type="checkbox"/> Assistant/Assistant Pro Software – General Training   | <input type="checkbox"/> Account Management             |
| <input type="checkbox"/> Random Pool Management                                | <input type="checkbox"/> A Pro Web/Client Web Pages     |
| <input type="checkbox"/> eVeriTesT Network Importing                           | <input type="checkbox"/> Employee Roster Importing      |
| <input type="checkbox"/> eVeritesT Network result reporting via e-mail/fax/web | <input type="checkbox"/> Background Checks              |
| <input type="checkbox"/> DOT Compliance Issues                                 | <input type="checkbox"/> Reports                        |
| <input type="checkbox"/> MRO Functions   | <input type="checkbox"/> Test Details Drug/Alco/Instant |
| <input type="checkbox"/> Billing/Invoicing                                     | <input type="checkbox"/> Other _____                    |
|  | _____   |
|  | _____   |

**3) Confirming training:**

Upon receipt (fax) of this form CIS will review and tentatively: calendar, confirm total cost of training, type of training, agenda, method of payment, training location and training facility (if required) by sending an invoice and/or verbal tentative confirmation to the Training Contact stated above. For on-site or training at CIS offices confirmation requires full payment of training 3 weeks prior to tentative training date. All training must be "Confirmed by CIS" to take place. Upon confirmation the "Training Contact" stated above would receive written confirmation from CIS via fax or e-mail.