



**SALTO CERTIFIED TRAINING CLASS  
ATTENDEE REGISTRATION**

Class dates requested: \_\_\_\_\\_\_\_\_-- \_\_\_\_\\_\_\_\_, 2019    Class City: (circle one)    Atlanta    NYC

**CONTACT INFORMATION:**

Attendee Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mobile Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Emergency Contact Name/Phone \_\_\_\_\_  
 T-shirt size \_\_\_\_\_    Food allergies \_\_\_\_\_

Please indicate one of the following:

\*Attending Day 3 KS Training? \_\_\_\_\_  
 SALTO IBP (All paperwork completed?) \_\_\_\_\_  
 SALTO IBP account number \_\_\_\_\_  
 SALTO end-user, system admin or technician \_\_\_\_\_  
 SALTO Integration Partner (non-SALTO IBP) \_\_\_\_\_  
 Which Integration Partner do you install? \_\_\_\_\_  
  
 SALTO IBP or Integration non-technical Sales \_\_\_\_\_  
 3<sup>rd</sup> party installation company for SALTO Authorized \_\_\_\_\_  
 dealer or Integration partner \_\_\_\_\_  
 SALTO employee or Manufacturer Rep \_\_\_\_\_  
 Consultant, A&E, Other \_\_\_\_\_

To reserve a seat in a class, please email this form to your SALTO Regional Sales Manager. If you don't know who your SALTO Rep is, please visit the Contact Us page from our website: <https://www.saltosystems.com/en-us/contact-us/>

Approved by: \_\_\_\_\_

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