

## Technical Training On-The-Road Seminar Registration

**dormakaba Canada Inc.**  
901 Burns St. E., Whitby, Ontario L1N 0E6  
1.888.539.7226 toll free Canada/USA  
1.905.430.7226 elsewhere – [www.keysan.ca](http://www.keysan.ca)

Location: To Be Confirmed



Keyscan access control hardware and renowned access control management software is sure to impress the most seasoned integrator and surpass the expectations of savvy security directors.

Keyscan technical training gives you a full hands on learning experience coupled with a full review of Keyscan Aurora Access Control Management software setup and configuration. These technical training seminars will allow you to train new access control technicians and ensure your seasoned technicians stay current with all the latest in Keyscan Access Control Systems innovations.

The registration fee to attend the two day Technical Training is \$420.00 USD for the first participant of a company. Additional participants from the same company may be added to the course date at a reduced registration fee of \$250.00 USD per additional participant. Please allow 7 days for registration processing and confirmation.

**Space is limited. Please register before to ensure your seat.**

As an **ADDED BONUS...**

Each participating company, upon successful completion of the 2 day training session will receive a **FREE COPY** of Keyscan Aurora Access Control Management Software. **Over \$650 in value!**

Class Training is limited to a maximum of twenty (20) participants with a course minimum of ten (10) participants required. During training days lunch will be provided by dormakaba Canada.

Participants are also invited to join us for dinner after the Day 1 session.

All completed registration forms can be faxed or emailed to the Training Manager. If you have any questions regarding training please contact:

Emilio Aguat  
Tel: 905-430-7226 Ext. 229;  
Toll Free: 1-888-539-7226 Ext 229  
Fax: 905-430-7275  
E-mail: [training@keysan.ca](mailto:training@keysan.ca)

# Technical Training

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**Course you would like to attend:**

Course Start Date (dd/mm/yyyy): \_\_\_\_\_

Course: \_\_\_\_\_

Course Location: \_\_\_\_\_

**Registration Details:**

Company Name: \_\_\_\_\_

Main Number: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Alt. Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

I authorize you to communicate with me via email.

**Payment Details:** (Visa or Mastercard only. \$US Dollars)

Credit Card: \_\_\_\_\_

Expiry Date (mm-yy): \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

CVV2 Code: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Participant Details & Experience:** (if more than two attendees notify training mgr)

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Electronic:  Basic  Intermediate  Advanced

Electronic:  Basic  Intermediate  Advanced

Computer:  Basic  Intermediate  Advanced

Computer:  Basic  Intermediate  Advanced

Industry:  Basic  Intermediate  Advanced

Industry:  Basic  Intermediate  Advanced

**Access Control Familiarity (check that apply)**

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Lenel  Northern  Kantech  CDVI  S2

Lenel  Northern  Kantech  CDVI  S2

Brivo  AMAG  DSX  Honeywell  Other

Brivo  AMAG  DSX  Honeywell  Other

**Internal Keyscan use only:**

Product Training Manager Approval:

Date Received:

Credit Card Authorization #:

Invoice number issued:

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1888 539 7226

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