



## *DCG On-line / On - Demand Training*

### *Information and Registration Form*

#### **Introduction to Function Point Analysis (On-line Class)**

Day 1 - 9:00 am to 1:00 pm EST  
Day 2 - 9:00 am to 1:00 pm EST  
Day 3 - 9:00 am to 1:00 pm EST

\$850 per student, minimum 4 students

Course Syllabus at this link  
<http://www.davidconsultinggroup.com/training/fpa.aspx>

#### **Advanced Function Point Analysis (On-line Class)**

Day 1 - 9:00 am to 1:00 pm EST  
Day 2 - 9:00 am to 1:00 pm EST

\$450 per student, minimum 4 students

Course Syllabus at this link  
[http://www.davidconsultinggroup.com/training/advanced\\_fpa.aspx](http://www.davidconsultinggroup.com/training/advanced_fpa.aspx)

DCG On-line Classes are delivered LIVE by an instructor to your desktop or laptop PC using Web Meeting Technology. Electronic Class Materials are provided to all students.

Take the class at your desk or in a conference room with other participants from your company.

Yes, my organization wants on-demand, on-line training on these consecutive days [ \_\_\_\_ ]

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes, I want to enroll in 2010 Public Training:

FP101, Introduction to Function Points:	March 23,24,25	[ ____ ]
FP101, Introduction to Function Points:	May 17, 18, 19	[ ____ ]
FP201, Advanced Function Points:	May 20,21	[ ____ ]

1. Fill out the form below for every participating student. One form for per student.
2. Your IT Network must be able to allow GotoMeeting ([www.gotomeeting.com](http://www.gotomeeting.com)) software to run on your PC desktops or laptops in order to receive this training.



**Registration Details: Registration link will be sent after payment is processed.**

Full Name: \_\_\_\_\_

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

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

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

Country: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Payment:      Check              American Express      MasterCard      Visa      Discover

Amount Enclosed: \$ \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

**Fax to: 1-866-293-0120 or e-mail to [f.thompson@davidconsultinggroup.com](mailto:f.thompson@davidconsultinggroup.com)**

**Terms and Conditions:**

I understand and agree to the terms and conditions described. Make checks payable to David Consulting Group and mail to: 1770 E. Lancaster Ave, Suite 15, Paoli, PA 19301 to be received 5 days before class starts.

Please contact Fiona Thompson at 610-644-2856 Ext 21 to process payment by phone and receive a fax receipt.

Payment received: \_\_\_\_\_

David Consulting Group