



**INFRARED
TRAINING
CENTER**



FACULTY OF CIVIL ENGINEERING
UNIVERSITY OF ZAGREB
Kaciceva 26, 10000 Zagreb,
Tel. 01/4639 316
Fax. 01/4828 051
e-mail: gfitc@grad.hr

Registration Form

INFRARED BASIC TRAINING COURSE

Date of Class Attending: _____

Product Application: _____

Select Camera Model Number: _____

Camera Serial Number: _____

Select Software (if applicable): _____

THIS COURSE IS DESIGNED TO HELP YOU USE YOUR CAMERA. PLEASE BRING YOUR CAMERA WITH YOU, TOGETHER WITH SOFTWARE AND LAPTOP.

IF IT IS NOT POSSIBLE, PLEASE ADVISE FLIR BY COMPLETING THE BOX BELOW.

Able To Bring Camera & Software With You On The Course

Yes

No

Student Name: (one student per sheet)	Company Name:
	Address:
Job Title/Dept:	
Phone:	
Fax:	
Email:	
Primary Contact (if different from above):	

IF YOU HAVE BOUGHT A FLIR CAMERA

Amount of Payment: _____

Purchase Order # _____

Authorizing Signature: _____

Position: _____

Date: _____

Period of Notice to be given before Training Course

Arrival Date

Cancellation Fee

More than 60 Days

NIL

60-31 Days

30%

30-15 Days

60%

14 Days Or Less

100%

Invoice Address if different from above:

Special Requirements or Comments (meals, handicap access, etc.)