



Workshop Registration Form

_____ Security Risk & Vulnerability Assessment Workshop (April 30, 2009)

_____ Critical Infrastructure Protection Program (April 27, 28 & 29, 2009)

VISA M/C

Check (Payable to The Banks Group, Inc.)

Name: _____

Card #: _____

Company _____

Expiry Date: _____

Address: _____

Signature: _____

Tel: _____

Amount: _____

Your Prof Certification? e.g., CPP: _____

e-mail: _____

For further information contact:

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