

2003 iSeries and AS/400 Connection Conference

Barsa Consulting Group, LLC and The Training and Mentoring Company, Inc.
78 East Shore Culver Road, Branchville, NJ 07826

Faxable Registration Form 973-948-4178 (Please print in black ink or type.) 2003 Internet Form TR

Please enroll me in the iSeries & AS/400 Connection Conference in Naples, Florida, June 15-18, 2003

Registration Fee:

- Standard Registration - \$1495.00**
Register by May 15, 2003 and 3-night hotel stay required
- Commuter Registration and after May 15th - \$1695.00**
No hotel stay required

Payment: Total Enclosed: _____

Check - Make checks payable to:

Barsa Consulting Group Conference

Credit Card - Conference & Hotel Hotel Only

VISA MasterCard Discover American Express

Credit Card Number: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____

Zip: _____ Exp Date: _____

Signature: _____

Badge/Registration Information: (Please Print Legibly)

Name (last, first): _____

Preferred Name: _____

Title: _____

Co. Name: _____

Co. Mailing Address: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Phone: _____

Fax: _____

Email address: _____

May we contact you at this address regarding future relevant educational programs? Yes No

In case of emergency during the conference, please contact:

Name: _____

Daytime Phone: _____

Evening Phone: _____

Hotel Information: (Please fill in one circle)

For detailed hotel information see: www.tramenco.com/naples

Commuter – Not staying in hotel

Please make hotel reservations for me at

The Registry Resort, Naples, Florida

Number of people staying in room: _____

Arrival Date: _____ Departure Date: _____

Preferred Room Type and Rate: _____

Non Smoking Smoking

A credit card is required to guarantee hotel reservation. Please provide credit card information in the Payment area provided above. No charges will be made to credit card until after your arrival at the hotel.

See www.tramenco.com/naples for detailed hotel information

What are your special interests?

- Application Design Performance
 Client Access Programming Languages
 Data Communications System Management
 Database Web Based Applications
 Operations/Recovery Other: _____

Please indicate the title that is closest to yours:

- Senior Programmer/Analyst Project Manager
 Programmer/Analyst Operations Manager
 Programmer MIS Manager
 System Analyst Other: _____
 Technical Support

What is your industry affiliation?

- Association/Nonprofit Health Care
 Banking/Finance/Accounting Information Technology
 Business Partner/Consultant Insurance
 Communications/Media Law/Legal
 Construction/Engineering Manufacturing
 Distribution/Wholesale Retail
 Education Transportation
 Food/Beverage/Hospitality Other: _____
 Government

Elective Sessions: Please indicate your preferences by circling one selection for each elective session listed below that you plan to attend. Your responses will help us plan the final agenda. You may change your selections at the conference. Lab seating is limited and will be reserved on a first come first served basis.

Elective Session 03

(Sunday 1:00 p.m.)

A B C D E F L

Elective Session 04

(Sunday 2:45 p.m.)

A B C D E F L

Elective Session 12

(Monday 10:15 a.m.)

A B C D E F L

Elective Session 13

(Monday 1:00 p.m.)

A B C D E F L

Elective Session 14

(Monday 2:30 p.m.)

A B C D E F L

Elective Session 15

(Monday 4:15 p.m.)

A B C D E F L

Elective Session 21

(Tuesday 9:00 a.m.)

A B C D E F L

Elective Session 22

(Tuesday 10:30 a.m.)

A B C D E F L

Elective Session 23

(Tuesday 1:00 p.m.)

A B C D E F L

Elective Session 24

(Tuesday 2:30 p.m.)

A B C D E F L

Elective Session 25

(Tuesday 4:00 p.m.)

A B C D E F L

Elective Session 31

(Wednesday 9:00 a.m.)

A B C D E F L

Elective Session 32

(Wednesday 10:30 a.m.)

A B C D E F L

Elective Session 33

(Wednesday Noon)

A B C D E F L

OFFICE USE ONLY

Date Rec'd. _____ Log # _____

Date Entered _____ Rec # _____

Amt Rec'd _____ Sent PZ _____

Check # _____ Internet Form TR 2003-03