

# EAGL CERTIFICATION CLASS REGISTRATION FORM

Thank you for registering for the EAGL Technology Certification Class. Please fill out the information below and return to [kenh@eagletechnology.com](mailto:kenh@eagletechnology.com). We are pleased to have the opportunity to train your team on the EAGL Technology Gun Shot Detection products and look forward to working with you!

COMPANY	COMPANY POC
NAME: _____	NAME: _____
ADDRESS: _____	PHONE NUMBER: _____
_____	EMAIL: _____
_____	TITLE: _____
PHONE NUMBER: _____	

Briefly describe your company's primary purpose and business activity:

Please provide the full names of the attendees:

First	Last	First	Last



Dates of Class: \_\_\_\_\_

Does your company have the following agreements in place with EAGL Technologies?

- MNDA                       DEALER AGREEMENT

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_