

# TTCN-3 Training Registration



Title Test Automation with TTCN-3  
Instructors Dirk Borowski | Yuchuan Liu  
Location Spirent Communications, Michaelkirchstraße 17/18, 10179 Berlin, Germany

Herewith, I apply for my participation in the TTCN-3 Training Course taking place

Action Code:

Salutation Mr. Ms.

Last Name First Name

Company Position

Field of Business Activity Required Application Areas for TTCN-3

Address, City/Town

ZIP/Postal Code Province, Country

Phone Fax

Email Special Dietary Requirements

## Previous Knowledge

TTCN-3	Beginner	Advanced
Programming Language	Java	C/C++
Ttworkbench Experience	Yes	No
I do speak	English	German

Please fax your registration **latest two weeks before the training +49 30 726 19 19 20**

For further information please contact Ms. Andrea Gneist at  
Phone +49 30 726 19 19 16  
Email [andrea.gneist@spirent.com](mailto:andrea.gneist@spirent.com)

Expenses for the TTCN-3 training course are in total 1904,00 € (incl. 19% VAT) and include a three day training, documentation (handouts), lunch, soft drinks, snacks during the breaks and a social event on the first evening.

Payment is only possible via credit card (Visa/MasterCard). Please complete the Credit Card Form and fax it with your registration. You will receive a written confirmation and invoice shortly after we receive your registration. Cancellation two weeks before the beginning of the TTCN-3 training is free-of-charge. For later cancellations we have to charge the full costs. In case of being prevented it is possible to name a substitute.

Note: By signing this registration form, you admit of publishing your company name as a reference.  
Please mark this box, if you do not wish to be published.

\_\_\_\_\_  
Date, Signature



# Credit Card Authorization Form

Please mail the completed form to: Spirent Communications  
Michaelkirchstraße 17/18  
10179 Berlin, Germany

or fax to: + 49 30 726 19 19 20

Note: WE DO NOT ACCEPT ELECTRONIC SUBMISSIONS BY E-MAIL!

## Customer/Billing Information

Company Name

Attention to      Mr.      Last Name      First Name  
                         Ms.

Billing Address

Zip Code / City      State / Country

Phone      Fax

Email      Web

Training Attendees

Name #1      Name #2

Name #3      Name #4

## Credit Card Information

I, the undersigned, hereby authorize Spirent Communications to charge my credit card account in the amount of EUR (incl. 19% VAT) .

Card Type      Visa      MasterCard

Credit Card No

Card Holder      Card Holder Address  
(if different from above)

Expiration Date      Zip Code / City

CVV2 / CVC2\*      State / Country

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date