

# training 2009 conference & expo

February 9-11, 2009  
Georgia World Congress Center  
Atlanta, Georgia

## training 2009 conference & expo

14685 Avion Pkwy., Suite 400  
Chantilly, VA 20151

### 3 WAYS TO REGISTER!

1. Online: [www.TrainingConference.com](http://www.TrainingConference.com)
2. Fax: 508.759.4552
3. Mail: Training 2009 Registration  
c/o Convention Data Services  
107 Waterhouse Road  
Bourne, MA 02532

### Register with VIP Code: RTWEB

**IMPORTANT:** Please read the registration instructions on page 31 before completing this form.

#### Registrant Information

Phone (required) \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail (required) \_\_\_\_\_

#### Registration Fees

Group 3-day Conference registrants receive \$100 discount on the 3rd, 4th, & 5th registrants; \$200 on 6th registrant & above.

- Three-Day Conference & Expo (Mon-Wed)**
- |                     |                |            |
|---------------------|----------------|------------|
| 1st & 2nd Attendees | 3rd, 4th & 5th | 6th & more |
| \$1,345             | \$1,245        | \$1,145    |

#### 3-Day Certificate Program (Fri-Sun) + 3-Day Conference & Expo (Mon-Wed)

- |   |         |
|---|---------|
| <input type="radio"/> CP01 Instructional Designer                                       | \$2,095 |
| <input type="radio"/> CP02 E-learning Designer  | \$2,095 |
| <input type="radio"/> CP04 Creating E-learning with Flash                               | \$2,095 |
| <input type="radio"/> CP05 E-Trainer: Designing and Facilitating Synchronous E-learning | \$2,095 |
| <input type="radio"/> CP06 Managing the Training Function                               | \$2,095 |
| <input type="radio"/> CP08 Human Performance Technology                                 | \$2,095 |
| <input type="radio"/> CP10 Designing and Managing Leadership Development                | \$2,095 |

#### 2-Day Certificate and Summit Programs (Sat-Sun) + 3-Day Conference & Expo (Mon-Wed)

- |   |         |
|---|---------|
| <input type="radio"/> CP11 Creative Training Techniques Train-the-Trainer Boot Camp | \$1,895 |
| <input type="radio"/> S1 Kirkpatrick Evaluation Summit                              | \$1,895 |

- Expo Only (Mon-Tues)** .....\$40

In order to receive the group discount, all attendees must register at the same time.

TOTAL AMOUNT DUE (in U.S. Dollars) \$ \_\_\_\_\_

Certificate only pricing available. Please call 508.743.8505 for more information.

The events below are FREE to conference attendees. (Select ONE clinic):

- |   |  |
|---|--|
| <input type="radio"/> C1 10 Training Activities That Improve Learning and Retention         | <input type="radio"/> C7 Going Lightly! Terrific Tips To Lighten Your Daily Load   |
| <input type="radio"/> C2 Strategies and Techniques for Building Engaging E-learning Modules | <input type="radio"/> C8 Rapid, Creative Course Design: Go Bold, and Leave the Rest Behind!                              |
| <input type="radio"/> C3 How to Make Lecture-Based Training Participant Centered            | <input type="radio"/> C9 The Trainer's Balanced Scorecard: Fully Aligning Learning Initiatives with Strategic Objectives |
| <input type="radio"/> C4 How To Brand Your Corporate Training Department                    | <input type="radio"/> C10 How You Can Best Develop Leaders: Lessons from the Best Leadership Development Programs        |
| <input type="radio"/> C5 The Play's the Thing: Games and Sims for Learning                  |  |
| <input type="radio"/> C6 Measuring ROI in Training and Performance Improvement              |  |

We offer attendees a FREE subscription to *Training* magazine. Would you like to receive/continue to receive a FREE subscription to *Training*?  Yes  No

I would like to receive the following format: (choose one)

- Print only  Print & Digital  Digital Only

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

E-mail (required if signing up for digital edition)



Name \_\_\_\_\_  
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Country \_\_\_\_\_

By providing your information on this form, you explicitly consent to receive communications from Nielsen, Training Magazine, and its partners under 47 U.S.A. B277.

Check here if you require special services.

#### To help us serve you better, please answer the following

- My job title is** (Check only one)
1. President or Above  
 2. Vice President  
 3. Director  
 4. Manager  
 5. Trainer  
 6. Supervisor/Coordinator/ Assistant/Specialist  
 7. Other \_\_\_\_\_
- My department** (Check only one)
1. General/Corporate/ Administrative Management  
 2. Training/ Development  
 3. HR/Personnel  
 4. Finance/ Operations/DP  
 5. Sales/Marketing/Product Development  
 6. Corporate Library  
 7. Customer Service  
 8. Education  
 9. MIS/Systems Management/ Technical
10. Instructional Designer/ Developer  
 11. Other \_\_\_\_\_
- Total # of employees, in all locations** (Check only one)
1. 50,000+  
 2. 25,000-49,999  
 3. 10,000-24,999  
 4. 5,000-9,999  
 5. 1,000-4,999  
 6. 500-999  
 7. 250-499  
 8. 100-249  
 9. Less than 100
- Size of learning/training budget** (Check only one)
1. Under \$10,000  
 2. \$10,000 - \$49,999  
 3. \$50,000 - \$99,999  
 4. \$100,000 - \$499,999  
 5. \$500,000 - \$999,999  
 6. \$1,000,000+
- Your purchasing authority** (Check only one)
1. Have buying authority  
 2. Influence buying decisions  
 3. No influence
- My organization's primary business activity** (Check only one)
1. Manufacturing  
 2. Hospitality (food, lodging)  
 3. Retail  
 4. Wholesale/Distribution  
 5. Finance/Banking  
 6. Real Estate/Insurance  
 7. Business Services  
 8. Communications  
 9. Transportation/Utilities  
 10. Health/Medical Services  
 11. Educational Services/ Academic Institution  
 12. Government and Military  
 13. Consulting  
 14. Public Administration  
 15. Other \_\_\_\_\_

#### Method of Payment/Credit Card Authorization

(Required for processing of registration)

- Visa  MasterCard  AmEx

Check # \_\_\_\_\_

Payable to Training 2009. Please mail check and registration form together. Do not fax form or send separately. Payment must be in U.S. funds.

Card Number \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_