



Training Registration (Concordance®, LAW PreDiscovery™, CaseMap®, TextMap®)

Attendee Information (One Per Form):

Name/Title _____
Company _____
Street _____
City, State, Zip _____
Phone _____
E-mail _____

Billing Information (If Different):

Name/Title _____
Company _____
Street _____
City, State, Zip _____
Phone _____
E-mail _____

Check any that apply: Premier Distributor or ASP Distinguished Distributor Enterprise License CCST/CCSA Hosted FYI™ Client

How did you hear about our training? Attendee/User E-mail Sales agent Website Conference

Class Selection

Indicates the classes you would like to register for. Dates and locations must match those listed on the website.

Standard Classes
Class Location _____
Attendance Date _____

Certification Classes
Class Location _____
Attendance Date _____

Please Note:

Payments must be received at least one week prior to class or your registration may be canceled (with the exception of POs). Once your payment is processed, you will receive a confirmation via e-mail or mail with details about the class.

All classes are non-refundable; date/location changes can be made if notice is received at least five days prior to class. LexisNexis reserves the right to cancel any training class.

Some classes have prerequisites, as indicated on our website.

Please send me a copy of the invoice for my records.

Send registration and change request to:

Litigation Services Training Registration
13427 NE 16th Street | Bellevue, WA 98005
Phone: **425-463-3546** | Fax: **866-960-2761**
E-mail: litstraining@lexisnexis.com

Payment/Registration Fees

Total Payment \$ _____

Check payable to LexisNexis (mail with form)

PO# (only if required) _____

Credit Card _____

Card Number _____

Expiration (MM/YY) _____

Cardholder Name _____

Signature _____

Print this form and then fax it to: 866-960-2761