

THE UNIVERSITY OF NEW SOUTH WALES School of Electrical Engineering And Telecommunications Sydney 2052

REGISTRATION FORM

CCNA Course

CCNA1Mar2014

CCNA2Mar2014

Date:

Cost*



ABN 57 195 873 179

- Each CCNA course is \$1350 per student (\$1250 for UNSW students). See: http://academy.ee.unsw.edu.au
- A Cisco Academy certificate will be issued to all students who successfully graduate from the course.
- An administrative fee of \$100.00 will apply if you withdraw from the course prior to commencement.

IMPORTANT

Description -

CCNA1 Introduction to Networks

CCNA2 Routing and Switching Essentials

- Please complete the date, course/cost details and totals and KEEP a copy of the completed form for your records. An Official receipt/Tax Invoice will be issued, in your class, after the payment has been processed.
- The 'Date' and 'Total cost' must be completed to validate your registration.

I wish to register for the following Cisco Networking Academy CCNA course(s) (Please attach additional registration details if necessary or complete multiple forms for each applicant.)

Start date

Mar 18th

Mar 18th

CCNA3 Scaling Networks	Mar 20 th	CCNA3Mar2014			
CCNA4 Connecting Networks	Mar 20 th	CCNA4Mar2014			
-	*\$135	0_per student (\$1250	for UNSV	/ students).	
Total Cost (To appear in A or B below as amount due)				\$	
Would you please indicate how you heard about	these current course	s? (e.g. which newspape	r or search	engine):	
REGISTRATION DETAILS: Please com	nloto the coetion	s bolow print out s	ian and na	ot or fox /but	
provide the original form before or when		s below, print out, s	igii and po	ost of lax (but	
provide the original form bolere or when					
Name:	А	ddress:			
Please give preferred name for use on Name Tag	& Certificate				
Company/					
Department:		tate	D ₀	ost Code	
Telephone:	F	acsimile:			
Email:					
Home/work Email address Ex		Existing CISCO Aca	xisting CISCO Academy username (if applicable)		
PAYMENT METHOD (OPTIONS):					
A. Credit Card Payment (tick one):	Visa 🗆	Mastercard			
Card Number:		Expiry Date:_			
	Signature: Charge \$			to my credit card	
Name on Card					
Hame on eara					
B. Attached is a cheque (Bank	, Cheque Numb	er)) for \$		
,_, ,					
(Please make chequ	ues payable to : U	niversity of New Sou	th Wales.)		