

**LEVEL ONE
CERTIFIED ALARM
TECHNICIAN COURSE**

Indianapolis, IN

March 16-18, 2010

*Courses begin at 8:00am and conclude at 5:00pm.
Students are responsible for their own meals and lodging.*

*Specific course location information will be FAXED to all registered attendees.
PRE-REGISTRATION IS REQUIRED...*

Course Fees:

NBFAA Members – \$395.00

Non-Members – \$495.00

Mail or Fax Registration(s) to:

**ESA / NTS
3718 W. Lake Road
Erie, PA 16505
866-636-1687
866-812-3471 FAX**

Make checks payable to:
Electronic Security Association

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This class is designed for staff and business owners who have at least 3 months experience. Those who have less than 3 months experience are welcome to take this course, but should expect to make an extra effort. In 22 hours of intensive instructions, this program provides and overview on the theory, installation and maintenance of alarm systems.

The course of study includes:

- Introduction
- Basic Electricity
- Standards
- Perimeter Detection
- Space Detection
- Fire Systems
- Control Panels
- Communications
- CCTV
- Job Planning
- False Alarm Prevention
- 300+ page Reference Manual
- Certification Exam

Tax Deductible:

The IRS permits income tax credits for expenses – such as registration fees, cost of travel, meals and lodging – incurred to maintain or improve required job skills.

NOTE: All payments must be received prior to the first day of the course !!!

Cancellation Policy: Written cancellation at least 10 days prior to first day of course – 100% of course fee refunded. Written cancellation less than 10 days prior to first day of course – receive credit of 50% of paid fees towards future course taken within the next 6 months.

Registration Form

Course Information

Please indicate which course you are registering for:

() Level 1 – March 16-18, 2010, in Indianapolis, IN

Attendee Information

Name: _____
Title: _____
Company: _____
Address: _____
City: _____
State: _____
Zip: _____
Work Phone: _____
Work FAX: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Total Payment = \$ _____
 CHECK MCard Visa Amex
Name as it appears on Credit Card: _____
Card #: _____
Expiration Date: _____
Signature: _____

Please contact the NBFAA NTS Office a minimum of 10 days prior to the beginning of the course if you require special accommodations for a disability.