



Registration Form for LTS Training Course

Registrant Information:

Organization	Address
Contact Name	City, State
Phone	Zip
Email	Country

Course Information & Registration:

Course Name:	
Date of course:	
Signature:	

All classes are subject to cancellation. Online classes will be confirmed 72 hours prior to class. On-site classes are confirmed two weeks prior to class. Payments are processed at time of confirmation. There are no refunds after confirmation, but registrant can take the class at a later date. Participation in LTS training courses authorizes LTS to disclose registrant's company name and logo in a list of representative clients made available in LTS marketing materials and website.

Do you need a temporary SimaPro license?

If you would like to take the class but do not have access to SimaPro, we will provide you with a temporary license. For on-site classes, students need to bring their own laptop. SimaPro is only supported on Windows (not on Macs, although some folks have had success using a Windows Emulator). The optimal online class experience is to have one computer with an extended desktop monitor or two computers each with their own monitor. This will allow the student to view the presentation slides with simultaneous access to the SimaPro software.

<input type="checkbox"/>	Yes, I need a temporary license for the training
<input type="checkbox"/>	No, I already have SimaPro on a computer I can use for the course

Expectations: Please tell us about your background in LCA and SimaPro and what you expect to learn from the class

Certification: Would you like us to track your classes for the LTS LCA Certification Program?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Payment options: Please indicate below whether you will be paying by credit card, attaching a Purchase Order or mailing in a check. If you would like to pay by credit card, you can enter your information below or request that we send you a secure link.

<input type="checkbox"/>	I will attach a Purchase Order for the total amount to this order (Payment terms 30 days)		
	PO #		
<input type="checkbox"/>	I wish to make this purchase now with the below credit card or would like to be sent a secure link to make the payment.		
	Credit Card # (Visa/Master/AmEx/Discover)	Exp. Date	CVV number
	Name on Card	Email for Receipt	
<input type="checkbox"/>	I will mail in a check for the total amount to the address below (payment must be received before date of class)		

Fax or email this form to LTS - (802) 448-2790

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[Contact Data Privacy Statement](#)