



**Please email this completed registration form to:** [**jexner@captechu.edu**](file:///C:\Users\raherschbach\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\2OVX8NK3\jexner@captechu.edu) School: ­­­

Name:

Email:

City:      State: Zip:                              
  
 Phone:                                                                                                                                      
  
 Cyber experience:                                                                                                                

Will you be attending June 22-26th or July 20-24th?                                                            
  
  
 **Payments can be made via check or credit/debit card.**

**­­Checks should be made payable to Capitol Technology University.    
  
 If using a credit/debit card, contact the business office at (301) 369-2319.**

