



Registration/Order Form

Professional Development Schedule

Winter 2010

For class descriptions, go to
<http://www.halftimeu.com/curriculum.html>

Remember: Lunch and Learn the 3rd Tuesday of each month: FREE - from 11:00 a.m. to 1 p.m.

Training Dates	Class Description	Price	#	Instructor	Attendees Name Please list additional names on page 2
Sign-up Deadline for classes is 1 week prior to class date					
Core Module Training:	2nd Person Charge in Core Module section is \$350; Any 5 core courses for \$295 each/ person				
CORE MODULE TRAINING:					
Monday, January 25	System Manager/Foundation	\$450		Ed	
Tuesday, January 26	General Ledger	\$450		Ed	
Wednesday, January 27	Payables Management	\$450		Vi	
Thursday, January 28	Receivable Management	\$450		Vi	
Friday, January 29	Bank Reconciliation (Half-Day; 9-1 pm)	\$295		Sharon	
DISTRIBUTION SERIES TRAINING:					
Tuesday, March 9	Inventory Control	\$450		Chona'	
Wednesday, March 10	Purchase Order Processing	\$450		Chona'	
Thursday, March 11	Sales Order Processing	\$450		Chona'	
Friday, March 12	Bill of Materials (Half-Day; 9-1 pm)	\$295		Chona'	
REPORTING & TOOLS TRAINING:					
January 5 and 6	Report Writer for Dynamics GP	\$800		T	
January 12 and 13	SQL Reporting Services	\$800		Perry	
February 9 and 10	Beginning and Intermediate FRx Reports	\$800		Ed	
Tuesday, February 23	Basic Crystal Reports	\$450		Perry	
Wednesday, February 24	Integration Manager	\$450		Larry	
Wednesday, March 3	Advanced Crystal Reports	\$450		Perry	
Tuesday, March 23	SQL Server maintenance and optimization	\$450		Terry	
Wednesday, March 24	SQL Server programming and queries	\$450		T	
Monday, March 29	Dynamics CRM Sales & Service	\$450		David	
March 30 and 31	Business Portal	\$800		Perry	
Cancellation Policy: 14 or more days 100% refund • 7 or less days 50% refund • 2 or less days 30% refund •					



Please contact Half-Time University today!
Fax form to 801-487-8416 or call
Shane or Vi at 801-487-8400 to enroll by phone

Helping You Realize Your Potential!

Company Name: _____

Contact Person: _____ Phone () _____

Email: _____

Payment Method: Check Enclosed VISA American Express MasterCard

Card No. _____ Exp. Date: _____

Print Name of Cardholder: _____

Authorized Signature: _____

Additional Students Names and Classes:

Name and Class Attending _____

Name and Class Attending _____

Name and Class Attending _____

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Thank you for your interest and support.....

