



# STRmix™ Virtual Refresher Workshop Registration Form

PLEASE FILL OUT ONE FORM PER PARTICIPANT

Dear Participant,

Please read and fill out this form, then return it to [rena.lawless@strmix.com](mailto:rena.lawless@strmix.com) as soon as possible to secure your seat (places confirmed on a first come first served basis). Please note, minimum attendee numbers are required to be met for this training to proceed. Please refer to the STRmix workshop cancellation and postponement [policy](#) for further information.

### Workshop Information:

Date: 22 – 23 June 2026 (2 days)  
Time: 1pm-4pm Eastern Daylight Time  
Location: Remotely delivered via Zoom  
Cost: USD 750/person

### Special Instructions:

This STRmix™ refresher training workshop is configured as a blend of online e-learning modules and remotely delivered live content. The course will be held via Zoom virtual meeting platform (<https://zoom.us>). Information about the security of Zoom can be found [here](#)

It is open to participants who have already attended full STRmix™ user training and are interested in updating their skills and knowledge.

Participants are responsible for providing a laptop/PC and internet (broadband) connection capable of receiving and transmitting *uninterrupted audio and video* via Zoom. We recommend the PC used during the workshop meets the 'medium' specifications listed [here](#) as well as having access to the following software:

- MS Excel, a PDF reader such as Adobe Acrobat and Zoom.

Attendees will receive a trial version of STRmix™ and by submitting this form acknowledge that they will abide by the terms of the *STRmix™ EVALUATION SOFTWARE LICENSE AGREEMENT*. This training is in the latest major version release of STRmix™.

**Please fill out the details below. An invoice will be issued to your organisation in due course.**

Participant name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Organisation Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purchase order number: \_\_\_\_\_ Email address for invoice: \_\_\_\_\_

Please tick if you have already pre-purchased STRmix™ refresher training workshop places

As a qualifying criteria for acceptance on this refresher training course please advise details of your previous STRmix™ User training (date and location of provider), and any subsequent change of name:

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