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 **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:	13 – 14 October 2026 (2 days)
Time:	1pm-4pm Mountain 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. **Please note that the use of Artificial Intelligence (AI) tools in this training is expressly prohibited.**

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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