

SCADAPack TelePACE Studio Ladder Logic Training Class

February 15-17, 2011
Mill Valley, CA

20 Contact Hours



Sage Designs is hosting this 3-day course for Control Microsystems' SCADAPack Controllers and TelePACE Studio Ladder Logic programming. An optional SCADAPack 350, SCADAPack 334, or SCADAPack 32 is available at a special price* with the course — an excellent way to get started using Control Microsystems' controllers.

Day 1	8:00-4:00 PM	SCADAPack controller operation, Series 5000 I/O, TelePACE Studio introduction.
Day 2	8:00-4:00 PM	TelePACE Studio advanced programming techniques and advanced functions.
Day 3	8:00-2:00 PM	Controller communications, Modbus Master/Slave protocol, Diagnostics, Modems

Instructor: Tony Sannella, Sage Designs, a Control Microsystems' Factory-certified Instructor.

Location: Larkspur Hotel/Mill Valley, 160 Shoreline Hwy. Mill Valley, CA 94941, www.larkspurhotelmillvalley.com/. Those requiring overnight accommodations wishing to stay at the Larkspur Hotel should call the hotel directly for reservations at 866-823-4669 (or 415-332-5700) and request Sage Designs' group rate for this event (code 001957SAGE); rates for 2011 are \$109 Standard Rate or \$129 Deluxe Room, plus applicable taxes.

Who should attend? Individuals interested in participating in a highly technical, in-depth course on Ladder Logic and how it applies to Control Microsystems' products. Prior Ladders experience is highly recommended.

What should I bring? It is a requirement of the course to bring a Laptop Computer with a minimum of Win 2K or XP with 1GB of free disk space, 512MB RAM (1 GB preferred), CD ROM, mouse with a scroll wheel, and a working serial, USB or Ethernet port. You must have software permissions/passwords to install course software on your PC. If you do not have access to a laptop, please contact us to arrange for a laptop loaner for use during the class.

What is provided? Continental breakfast, lunch and coffee, soft drinks and snacks each day.

To Register: Call 1-888-ASK-SAGE to reserve your seat. Then complete the information below and send to us via fax to 1-888-FAX-SAGE or by email info@sagedesignsinc.com.

Name (please print):	Title:
Company:	Phone:
Address:	Fax:
	Email:
City/State/Zip:	Dietary Restrictions:

- TelePACE Studio Course ONLY** **\$ 1,275.00** (non-taxable services)
- Add Optional SPT350 Training Kit (incl. SCADAPack 350 #P350-1A20-AA10, a \$3,806 value)* Add \$ 990.00 (+ taxes @ your CA sales tax rate)
- Add Optional SPT334 Training Kit (incl. SCADAPack 334 #P334-1A20-AB10, a \$4,230 value)* Add \$ 990.00 (+ taxes @ your CA sales tax rate)
- Add Optional SPT32 Training Kit (incl. SCADAPack 32 #P4-102-01-0-1, a \$4,568 value)* Add \$ 1,060.00 (+ taxes @ your CA sales tax rate)

* **Optional SCADAPack Training Kits at special course pricing: Limit one (1) for every two (2) students per organization.** Training Kits will be shipped N/C to training facility, provided your registration is received approximately 4 weeks before the first day of the course. Training kits include a SCADAPack Controller with A/O option, TelePACE Studio Software, Hardware Manual on CD, I/O Simulator board, AC/2 Transformer, & programming cable. No substitutions to these parts will be permitted.

METHOD OF PAYMENT: Purchase Order, Prepaid Check, Visa or Mastercard. Payment should be made to Sage Designs, Inc. Course fees are due on or before the first day of class. No Shows or Cancellations made less than 7 business days prior to the first day of training will be billed at the full amount and are not refundable. A confirmation notice will be sent to all registrants on or before the deadline date.

- Purchase Order Billing:** After telephoning your intent to register, fax/email Purchase Order addressed to Sage Designs, Inc. PO should cover total cost of both course and optional training kit, including applicable sales taxes. Total to be invoiced against PO # _____ is \$ _____.
- Prepaid Check:** After telephoning your intent to register, mail a check addressed to Sage Designs, Inc. along with a copy of this form. Please include applicable sales taxes, as indicated above. Total Prepaid Check Amount: \$ _____.
- Visa or MasterCard Billing:** Total to charge on the first day of course \$ _____.
 Visa or Master Card Acct #: _____ Expires (MO/YR): _____
 Cardholder Name (please print): _____ Phone: _____
 Cardholder Authorization Signature: _____ email: _____
 Cardholder Billing Address: _____
 City: _____ State: _____ Zip: _____

***** Registration Deadline: February 8, 2011 *****