

# Remote Sensing Training

## Group Training Sessions \$950

- Comprehensive training for one and one half days (12 hours) at ASD.
- Price includes group use of an ASD demo spectrometer, but attendees are encouraged to bring their own instrument if desired.
- Additional attendees from the same organization, registering at the same time, are only \$750.

### What You Will Learn:

- ASD instrument design and characteristics
- ASD instrument setup and use of accessory equipment
- Use of RS<sup>3</sup><sup>™</sup> and ViewSpec<sup>™</sup> Prosoftware to collect and post process spectra
- Collection design and field methods
- Incorporation of ASD spectra into programs such as ENVI®, and a quick introduction to using chemometrics analysis software
- Discussion of specific application considerations

### Who Should Attend and Why:

- New ASD instrument users who wish to learn about the instrument design and operation
- ASD instrument users with questions about collecting spectra in the field

### Your Instructors:

- Experienced ASD technical specialists in spectroscopy, and the use of ASD instrumentation for a wide range of applications

## Register Today!

By phone **(303) 444-6522**, fax **(303) 444-6825** or email **info@asdi.com**. *Space is limited.*

*Specific location for training and recommended accommodations information will be made available upon confirmation of your training dates.*

### 2012 Schedule:

- June 14 -15
- September 13 -14

*If the offered dates, or group format don't fit into your schedule, please contact your ASD sales representative to schedule a custom training that works for you*



## Training Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

Method of Payment:

Check or Money Order (payable to Analytical Spectral Devices)

Credit Card

Visa

MasterCard

American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ V code (3 digit): \_\_\_\_\_

Billing Address (if different from mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*Cancellation Policy: 30+ days prior to class date 100% refund, 15-29 days 50% refund, 14 days or less no refund (emergency exceptions only).*