

ASD Remote Sensing Course

Economy Group Training Sessions

(ask your ASD sales rep about other training options for dedicated application or guaranteed dates)

*Comprehensive training for one and one half days (12 hours) at ASD. **\$950** (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 RS³™ and ViewSpec™ Pro software 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** or fax **(303) 444-6825**. *Space is limited.*

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

2009 Schedule:

February 19-20

September 10-11

If the offered dates, or economy 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

Please Print Clearly

Last Name: _____ First Name: _____

Company/Organization: _____

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).*



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