



# 2010 NAID® COMPLIANCE TOOLKIT WEBINAR



## WEBINAR REGISTRATION

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PARTICIPANTS \* Please use capitalized letters \*

### COST

**First Participant:** \_\_\_\_\_  
Participant's Title: \_\_\_\_\_  
Email: \_\_\_\_\_

\$147

**Second Participant:** \_\_\_\_\_  
  
Participant's Title: \_\_\_\_\_  
Email: \_\_\_\_\_

\$107

(Price is \$107 for additional participants regardless of number)

### SESSION TIMES AND DATES:

**\*\*Please place an 'x' next to the sessions you plan to attend\*\***

Session 1: ___ August 17, 2010 at 11:00 AM EST	OR	___ August 18, 2010 at 4:00 PM EST
Session 2: ___ August 24, 2010 at 11:00 AM EST	OR	___ August 25, 2010 at 4:00 PM EST
Session 3: ___ August 31, 2010 at 11:00 AM EST	OR	___ September 1, 2010 at 4:00 PM EST
Session 4: ___ September 7, 2010 at 11:00 AM EST	OR	___ September 8, 2010 at 4:00 PM EST
Session 5: ___ September 14, 2010 at 11:00 AM EST	OR	___ September 15, 2010 at 4:00 PM EST

**\* Participants must attend all five sessions to receive CTK\***

**\*\*\* Each Session is One (1) Hour in Duration \*\*\***

**Cancellations must be received 48 hours prior to the event in order to receive a refund.**

### Payment is by:

Enclosed Check (Payable to "NAID") Check No.: \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

AmEx  MasterCard  Visa Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires (mo/yr): \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

FAX completed form to: 1-602-788-4144

MAIL completed form to: 1951 West Camelback, Suite 350, Phoenix AZ

QUESTIONS? Call 1-602-788-6243 or E-mail CTK@naidonline.org

<b>FOR NAID USE ONLY</b>	Received: _____	Registered: _____	Confirmed: _____
--------------------------	-----------------	-------------------	------------------

# NAID® COMPLIANCE TOOLKIT USER RELEASE

*The NAID Compliance Toolkit is available ONLY through a NAID Authorized Representative.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## **User Release/Use/Non-Disclosure/Copyright Agreement** *(User must Initial Each Item and Sign at Bottom)*

On behalf of the undersigned User Organization (the "User Organization") I/we acknowledge and agree that:

\_\_\_\_\_ I am receiving the Information Destruction Compliance Toolkit (hereafter "the Toolkit") from an NAID Authorized Representative who has completed the requisite orientation and training on its use.

\_\_\_\_\_ Executing this NAID Compliance Toolkit Release in no way obligates me or my organization to use the Toolkit.

\_\_\_\_\_ Any information regarding executing this NAID Compliance Toolkit Release, obtaining the Toolkit from a NAID Authorized Representative, or accepting any advice within the Toolkit shall be kept confidential at all times, and further, shall not, without prior written consent, be seen or represented as an endorsement by the User Organization of the Toolkit, NAID or the NAID Authorized Representative.

\_\_\_\_\_ Executing this NAID Compliance Toolkit Release in no way obligates me or my organization to use the services of the firm from which is was obtained.

\_\_\_\_\_ The User Organization will indemnify and hold harmless NAID and any NAID Member authorized to distribute the Toolkit from any claims, loss, or damages arising from or in any way related to use by the User Organization of the Toolkit for any reason.

Neither the User Organization nor any employee or agent of the User Organization will reproduce or replicate the NAID Compliance Toolkit, in whole and in part, for any purpose other than for use within our organization or review by related counsel. Such counsel SHALL NOT include outsourced information management or destruction service providers that have not completed the requisite NAID training and orientation.

\_\_\_\_\_ It is the responsibility of the User Organization to seek any necessary counsel related to the final implementation of an information destruction policy.

USER ORGANIZATION ACCEPTANCE:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NAID AUTHORIZED REPRESENTATIVE ACCEPTANCE:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

INITIAL EACH