

# SCADAPack Telepace Studio Ladder Logic Training Class

February 7-9, 2012  
Visalia, CA

20 Contact Hours

Sage Designs is hosting this 3-day course for 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 SCADAPack 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 Factory-certified Instructor.

**Location:** Holiday Inn Hotel & Conference Center, 9000 W. Airport Drive, Visalia, CA 93277. Those requiring overnight accommodations wishing to stay at the hosting hotel can request the Sage Designs rate (\$89+tax) by contacting Armando Apodaca at the hotel at 559-651-5000. Hotel website: <http://www.holidayinn.com/hotels/us/en/visalia/visap/hoteldetail>.

**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 Windows Vista, XP or 7, 250 MB free disk space, 256 MB RAM and .NET 3.5 framework (installs with Studio), mouse with scroll wheel, CD-ROM drive, 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 ask us to arrange for a loaner.

**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](mailto:info@sagedesignsinc.com).

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

**Telepace Studio Course ONLY**

**\$ 1,340.00** (non-taxable services)

- Add Optional SPT350 Training Kit (incl. SCADAPack 350 #P350-1A20-AA10, a \$3,806 value)\* Add \$1,040.00 (+ taxes @ your CA sales tax rate)
- Add Optional SPT334 Training Kit (incl. SCADAPack 334 #P334-1A20-AB10, a \$4,230 value)\* Add \$1,040.00 (+ taxes @ your CA sales tax rate)
- Add Optional SPT32 Training Kit (incl. SCADAPack 32 #P4-102-01-0-1, a \$4,568 value)\* Add \$ 1,110.00 (+ 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:** After telephoning your intent to register, fax or email this form. 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: January 28, 2012 \*\*\***