

# August 2025 – December 2025

## Schedule of Training Programs

Date	Program	Location	Fee
<input type="checkbox"/> August 4-8, 2025	Micro-Measurements Comprehensive Program covering Strain Measuring Systems (5 day) Wendell, NC	Raleigh, NC	\$1700
<input type="checkbox"/> September 16-18, 2025	Micro-Measurements Advanced Hands-on Workshop covering Strain Gage Technology (3 day) Wendell, NC *	Raleigh, NC	\$1400
<input type="checkbox"/> September 23-24, 2025	Micro-Measurements Hands-on Workshop covering Strain Gage Fundamentals (2 day) Presented at designated sites around the USA *	Boston, MA	\$1400
<input type="checkbox"/> October 21-22, 2025	Micro-Measurements Hands-on Workshop covering Strain Gage Fundamentals (2 day) Presented at designated sites around the USA *	Atlanta, GA	\$1400
<input type="checkbox"/> November 10-14, 2025	Micro-Measurements Comprehensive Program covering Strain Measuring Systems (5 day) Wendell, NC	Raleigh, NC	\$1700
<input type="checkbox"/> December 9-10, 2025	Micro-Measurements Hands-on Workshop covering Strain Gage Fundamentals (2 day) Presented at designated sites around the USA *	Los Angeles, CA	\$1400

\* (On-site Course is available)

### For fast confirmation, call (919) 374-5529 for our Training Program Coordinator

Because we often receive more registration requests than we can accommodate in any given course, early registration is recommended. Be sure to indicate the dates of the course(s) you wish to attend. Payment may be made by purchase order, Visa, American Express or MasterCard. Full refund will be made only if notice is received one week prior to the course. Please make sure that the registration form accompanies payment. You may photocopy this form for additional registrants.

#### REGISTRATION FORM

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

Title: \_\_\_\_\_ Address: \_\_\_\_\_

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

Title: \_\_\_\_\_ Phone: \_\_\_\_\_/\_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_/\_\_\_\_\_

#### CHECK METHOD OF PAYMENT:

- ☐ Company purchase order is enclosed.
- ☐ My company will send purchase order

Credit card: ☐ VISA ☐ MasterCard ☐ AMEX

Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code No: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

#### PLEASE CONTACT:

Training Program Coordinator - Direct Dial: (919) 374-5529 - Email: [mm@vpgsensors.com](mailto:mm@vpgsensors.com)