

June 2026 – December 2026 Schedule of Training Programs

Date	Program	Location	Fee
<input type="checkbox"/> June 8-12, 2026	Micro-Measurements Comprehensive Program covering Strain Measuring Systems (5 day) Wendell, NC	Raleigh, NC	\$2000
<input type="checkbox"/> July 14-16, 2026	Micro-Measurements Advanced Hands-on Workshop covering Strain Gage Technology (3 day) Wendell, NC *	Raleigh, NC	\$1700
<input type="checkbox"/> August 10-14, 2026	Micro-Measurements Comprehensive Program covering Strain Measuring Systems (5 day) Wendell, NC	Raleigh, NC	\$2000
<input type="checkbox"/> September 15-17, 2026	Micro-Measurements Advanced Hands-on Workshop covering Strain Gage Technology (3 day) Wendell, NC *	Raleigh, NC	\$1700
<input type="checkbox"/> October 6-7, 2026	Micro-Measurements Hands-on Workshop covering Strain Gage Fundamentals (2 day) Presented at designated sites around the USA *	Seattle, WA	\$1700
<input type="checkbox"/> October 19-23, 2026	Micro-Measurements Comprehensive Program covering Strain Measuring Systems (5 day) Wendell, NC	Raleigh, NC	\$2000
<input type="checkbox"/> November 17-19, 2026	Micro-Measurements Advanced Hands-on Workshop covering Strain Gage Technology (3 day) Wendell, NC *	Raleigh, NC	\$1700
<input type="checkbox"/> December 14-18, 2026	Micro-Measurements Comprehensive Program covering Strain Measuring Systems (5 day) Wendell, NC	Raleigh, NC	\$2000

* (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: _____

Phone: _____ / _____

Email: _____

CHECK METHOD OF PAYMENT:

Credit card: VISA MasterCard AMEX My company will send a purchase order

Card No: _____

Exp Date: _____ Security Code No: _____

Cardholder's name: _____

PLEASE CONTACT:

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