



# STRmix™ Virtual Refresher Workshop Registration Form

PLEASE FILL OUT ONE FORM PER PARTICIPANT

Dear Participant,

Please read and fill out this form, then return it to [rena.lawless@esr.cri.nz](mailto:rena.lawless@esr.cri.nz) as soon as possible to secure your place. Our courses tend to become **fully booked 4-6 months in advance**.

## Workshop Information:

Date: 26-27 April 2023, Central Daylight Time  
Location: Remotely delivered via Zoom  
Cost: USD 650/person

## Special Instructions:

This STRmix™ refresher training workshop is configured as a blend of online e-learning modules and remotely delivered live content. It is open to participants who have already attended full STRmix™ user training and are interested in updating their skills and knowledge. The course will be held via Zoom virtual meeting platform (<https://zoom.us>). Information about the security of Zoom can be found at <https://support.zoom.us/hc/en-us/articles/201362063-Security-White-Paper>

Participants are responsible for provision of a PC and internet (broadband) connection that is capable of receiving and transmitting *uninterrupted audio and video* via Zoom meetings. Attendees will receive a trial version of latest major version release of STRmix™ and by submitting this form acknowledge that they will abide by the terms of the *STRmix™ EVALUATION SOFTWARE LICENSE AGREEMENT*. Attendance will be confirmed once minimum attendee numbers are met.

## Recommended laptop specifications:

Minimum	Recommended
Intel core (Quad core) processor	Intel core i5, i7 2.6GHz or better
4 GB RAM	16 GB RAM
Minimum of 4 cores	Minimum of 4 cores
300MB free HDD space	300MB free HDD space

**Note:** Users of minimum spec PCs may experience reduced performance running STRmix™ and Zoom concurrently, therefore recommended spec is advised.

## Recommended software specifications:

- Windows 10 64 bit (STRmix™ is not supported by iOS), MS Excel, Adobe Acrobat Reader and Zoom.

**Please fill out the details below. After receipt the cost of the workshop will be invoiced to your organization.**

Participant name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Organisation Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purchase order number: \_\_\_\_\_ Email address for invoice: \_\_\_\_\_

As a qualifying criteria for acceptance on this refresher training please advise details of your previous STRmix™ User training (date and location of provider), and any subsequent change of name:

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