



Defense Cyber Crime Center



Defense Cyber Investigations Training Academy

**Required Field*

* Passcode:

* Cardholder's First Name: MI: * Last Name:

* Cardholder's Email Address:

* Company Name:

* Cardholder's Phone Number: Ext:

* Student Name	* Email Address	* Course Title	* Start Date	* Tuition Cost
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Total Amount:

Note: Any registered student seat not cancelled 14 days prior to the start of the class start date will be charged the full tuition amount.

Disclaimer: By making a payment, it does not register your employee(s) in the selected class(es). Your employee(s) must be approved by the DCITA Registrar's Office and enrolled in the selected class(es) prior to making payment. If payment is made prior to receiving confirmation and you employee(s) are not able to obtain a seat in the selected class(es), your refund may be delayed.

Clicking on the Submit Button signifies that you agree to all cost associated with this training request in the amount stated.