



HECKLER & KOCH
TRAINING & TECHNICAL SERVICES
 19980 Highland Vista Drive, Suite 190
 Ashburn, VA 20147 USA
 Tel: (703) 450-1900 x293 • FAX (703) 450-8164

HK ARMORERS TRAINING SCHEDULE 2010

(COURSE OFFERINGS AS OF MAY 19, 2010)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
May 24–28, 2010 (Corona, CA)	MP5	MP5	G36	USP	USP
June 7–11, 2010 (Ashburn, VA)	MP5 MP5	MP5 MP5	MP5 Burst Trigger Groups	HK45	HK45
June 15–16, 2010 (Parsippany, NJ)		USP	USP		
July 12–16, 2010 (Ashburn, VA)	HK416	EGLM	HK69	GMG	GMG
August 16–20, 2010 (Ashburn, VA)	MP5	MP5	G36	USP	USP
Sept. 13–17, 2010 (Ashburn, VA)	G36 G36	UMP UMP	G36/UMP Burst Trigger Groups G36/UMP BTG	HK416	HK416
Oct. 4–8, 2010 (Ashburn, VA)	MP5 MP5	MP5 MP5	MP5 Burst Trigger Groups MP5 Burst Trigger Groups	USP	USP
Oct. 25–29, 2010 (Los Angeles, CA)	MP5	MP5	UMP	USP	USP
Nov. 15–19, 2010 (Ashburn, VA)	MP7A1	HK69	EGLM	HK416	HK416
Dec. 6–10, 2010 (Ashburn, VA)	MP5	MP5	P2000	G36	UMP

1–5 Day Modules available / class size limited

4 & 5 Day Module	\$650.00
3 Day Module	\$550.00
2 Day Module	\$450.00
1 Day Module	\$350.00

Beginning in October 2010 the HK416 class module is extended to 2 days due to expanded content.

Contact Heckler & Koch Training & Technical Services (Ashburn, Virginia USA) for more information and registration. Point of Contact: Tabbitha MacDicken (tel: 703-450-1900 x293, email: tabbitha.macdicken@heckler-koch-us.com)

Schedule and pricing subject to revision



TO REGISTER (Please print clearly or type, FAX to 703-450-8164 ATTENTION: TRAINING or mail to the address listed above)

Name _____ Department/Agency /Unit _____

Business Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Daytime Telephone Number (with Area Code) _____ Email _____

Agency Point of Contact (POC) _____ Agency POC Telephone Number (with Area Code) _____ Agency POC Email _____

PAYMENT (Tuition is payable in advance)

Check enclosed (please may check payable to Heckler & Koch Defense Inc.) Purchase Order (please attach)

Master Card VISA

Card Number

Card Expiration Month Year Security Code

I authorize the total of \$_____ to be charged to the credit card above.

Card Holder Signature _____ Card Holder Name _____

Card Holder Address (if different from above) _____

COURSES

Please register me for the following courses:

Course/Modules _____ Location _____ Dates _____

Course/Modules _____ Location _____ Dates _____

Course/Modules _____ Location _____ Dates _____

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