



Information Security Assessment Methodology Course Registration Packet

To submit your package as a candidate for the above course, please return or fax this form by registration deadline to:

Security Horizon, Inc.
719-268-1709

Please call 719-488-4500 if you have any questions.

Student Name (Last, First, MI)	Rank/Grade/Title	For SH use only, leave blank
Requested class date (course dates will be confirmed)	Alternate Class Date	
E-Mail address	Company Affiliate	
Organization/Unit	Address	
Office Phone	Office Fax	

I certify that I have five years of demonstrated experience in the field of information security, communications security, or computer security, with two of the five years of experience directly involved in analyzing computer system/network vulnerabilities and security risks; AND

I certify that I have 6 months or more of demonstrated experience in at least one of the following areas:

- An understanding of Windows, Unix, or Firewalls
- Experience with conducting and interpreting security scanners (type doesn't matter)
- Experience with conducting and interpreting port scans
- Experience with conducting and interpreting operating system evaluation tools
- Experience with establishing and enforcing security configuration

Please complete page three of the registration packet outlining your experience. Additionally, please attach a 1-4 page summary of your information systems and information security assessment experience.

Your registration packet will not be processed without this information.

I understand this course teaches the Information Security Assessment Methodology (ISAM), not information system security analysis itself. I further understand that completion of this course will not provide expertise nor will it in any way compensate for a lack of analysis or evaluation experience.

Student Signature



Information Security Assessment Methodology (ISAM) Course Disclaimer

It is mutually understood and agreed that participation in the ISAM course is voluntary. Accordingly, the undersigned agrees not to institute against Security Horizon, Inc., nor participate in any manner whatsoever in the documenting, instituting, or filing, of any claim, demand, or cause of action for damages, loss of service, expenses, or compensation arising out of or in any way incident the undersigned's development, marketing, or sale of services or products associated with the ISAM course training.

The undersigned agrees to indemnify and hold Security Horizon, Inc. free from any liability for any loss, claim, or damages of any kind arising in connection with the training received in the ISAM course, except to the extent that such loss, claim or damage arises from the negligence of Security Horizon, Inc. employees. The liability of Security Horizon, Inc. for such negligent loss, claim, or damage shall be governed by federal law.

Neither the undersigned nor Security Horizon, Inc. shall be liable for any failure to perform due to unforeseen circumstances or causes beyond the non-performing party's reasonable control, including without limitation, acts of God, war, riot, embargoes, acts of civil or military authorities, fire, flood accident, strikes, inability to secure transportation or facilities. In the event of such unforeseen circumstances, the non-performing party shall promptly notify the other party, in writing, and may defer performance.

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Student Signature

Date



I satisfy the 5 years required experience in the following areas:

Dates: _____ Organization: _____

Title: _____

Duties Performed:

Dates: _____ Organization: _____

Title: _____

Duties Performed:

I satisfy the 6-month required experience in the following manner:

Outline your evaluation tool experience:

Tool Name:

Experience using tool:

- 1.
- 2.
- 3.

Student Signature

Date