

Registration Form

Please Select	Date	Venue	Registration Fee
	13-15 th April, 10	Washington DC	\$1,900
	4-6 th May, 10	Denmark	\$1,900
Dr./Mr./Ms.	First Name:	Last Name:	
Company:		Address:	
City:		State/Zip:	
Country:		Telephone:	
Email:		Fax:	
Method of Payment: Check PO MasterCard			
Visa American Express Discover			
Credit Card or PO #:			
Expiration Date:		Security Code:	
Signature:			

Terms:

1. Cancellations after SSCI's close of registration will be handled on an individual basis.
2. No-shows will be charged the full fee.
3. SSCI reserves the right to modify the course and instructors without notice.
4. Participants are responsible for making their own lodging arrangements. Mail: 3065

Kent Avenue, West Lafayette, IN 47906-1076, USA

Phone: (800) 375-2179 • (765) 463-0112

Fax: (765) 463-4722 • (765) 497-2649

Email: info@ssci-inc.com

Web: www.ssci-inc.com, www.apuit.com

For internal use only:

Date TC	CK Rcd	Conf. Sent	Reg. No.
---------	--------	------------	----------