

### Registration Form

Please Select	Date	Venue	Registration Fee
	5 & 6 <sup>th</sup> April, 11	Philadelphia	\$1,200
<b>Dr./Mr./Ms.</b>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Company:</b>		<b>Address:</b>	
<b>City:</b>		<b>State/Zip:</b>	
<b>Country:</b>		<b>Telephone:</b>	
<b>Email:</b>		<b>Fax:</b>	
<b>Method of Payment:</b> Check      PO      MasterCard			
Visa      American Express      Discover			
<b>Credit Card or PO #:</b>		<b>Security Code:</b>	
<b>Expiration Date:</b>			
<b>Signature:</b>			

**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](http://www.ssci-inc.com), [www.aptuit.com](http://www.aptuit.com)

**For internal use only:**

Date TC	CK Rcd	Conf. Sent	Reg. No.
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