

Conference Registration

Magnetic Materials Magnetizing & Testing Magnetic Sensors

Conference Name: **Magnetics Workshop**

Conference Date: **May 05, 2014**

Conference Location: **811 W Square Lake Rd, Troy, MI.**

Alliance LLC
1450 Clark Drive
Valparaiso, IN
46385

Phone: 219-548-3799
Fax: 219-548-7071
www.allianceorg.com

Attendee Information

| | |
|------------------|----------------------|
| Name: | <input type="text"/> |
| Name (2): | <input type="text"/> |
| Name (3): | <input type="text"/> |
| Name (4): | <input type="text"/> |
| Name (5): | <input type="text"/> |
| Company: | <input type="text"/> |
| Address: | <input type="text"/> |
| State/Province: | <input type="text"/> |
| Zip/Postal Code: | <input type="text"/> |

| | |
|---------------|----------------------|
| Main Contact: | <input type="text"/> |
| Email: | <input type="text"/> |
| Phone: | <input type="text"/> |

Special Requests:

Registration Fees

| | |
|---------------------------------------|----------------------|
| Conference Fee: \$150.00--> | <input type="text"/> |
| x Number of Attendees: | <input type="text"/> |
| Subtotal: | <input type="text"/> |
| Total Due: | <input type="text"/> |
| Payments must be received by: | May 01, 2014 |

Payment

- Check payable to:
- Credit Card
- American Express
 - Mastercard
 - Visa

| | |
|------------------|----------------------|
| Card Number: | <input type="text"/> |
| Expiration Date: | <input type="text"/> |
| Cardholder Name: | <input type="text"/> |

NOTICE:

DUE TO SECURITY REASONS, WE PREFER PAYMENT IN FORM OF A COMPANY OR PERSONAL CHECK. IF CREDIT CARD PAYMENT IS DESIRED, YOU MAY FILL IN THIS FORM AND FAX, EMAIL OR PROVIDE THE CARD NUMBER BY PHONE TO DIANA CARR OR BRITTANY TAROLI AT TEL: 219-548-3799. PAYMENT VIA PAYPAL IS ACCEPTED.

ALL ATTENDEE INFORMATION REMAINS CONFIDENTIAL