

Registration Form

Registration Information:

- ✓ [Register Online](#). Use your American Express, Visa or MasterCard.
- ✓ Get your group to attend the seminar at a discounted price call +1-888-771-6965
- ✓ Call: +1-888-771-6965 or Fax your PO: 650 362 2367
- ✓ To pay by check please contact customer-care@fdatrainingalert.com
- ✓ Please fill this form with attendee details and payment details and fax it to 650 362 2367

Terms & Conditions

Your Registration for the seminar is subject to following terms and conditions. If you need any clarification before registering for this seminar please call us @ +1-888-771-6965 or email us at customer-care@fdatrainingalert.com

Cancellations and Substitutions

Written cancellations through fax or email (from the person who has registered for this conference) received at least 10 calendar days prior to the start date of the event will receive a refund — less a \$300 administration fee. No cancellations will be accepted — nor refunds issued — within 10 calendar days from the start date of the event. On request by email or fax (before the seminar) a credit for the amount paid minus administration fees (\$300) will be transferred to any future FDATrainingAlert event and a credit note will be issued. Substitutions may be made at any time. No-shows will be charged the full amount. We discourage onsite registrations, however if you wish to register onsite payment to happen through credit card immediately or check to be submitted onsite. Conference material will be given on the spot if it is available after distributing to other attendees. In case it is not available we will send the material after the conference is over. In the event FDATrainingAlert cancels the seminar, FDATrainingAlert is not responsible for any airfare, hotel, other costs or losses incurred by registrants. Some topics and speakers may be subject to change without notice.

Seminar Topic:

Date:

Attendee 1 : Name Title Email

Attendee 2 : Name Title Email

Attendee 3 : Name Title Email

Attendee 4 : Name Title Email

Email address (so you can receive order acknowledgements, updated news, product information and special offers)

Company Information

Organization

Address

City State Zip.....

Country

Phone Fax

Payment Options

Charge to: Visa MasterCard American Express

Credit card no.

Expiration date

Total amount \$

Signature
(Signature required on credit card and bill-me orders.)

Print name

Bill me/my company \$

Purchase order #
(Payment is required by the date of the conference.)

Please fill this form with attendee details and payment details and fax it to 650-362-2367