

Registration Form

Name: _____

Company: _____

Title: _____

Address: _____

City: _____

Province: _____ Postal/Zip Code: _____

Phone: _____ ext. _____ Fax: _____

Country: _____

Email: _____

Yes, I will attend the CEM Course–November 2-4, 2010:

I will submit payment **before** October 1st (\$1250)

I will pay the advance fees (taxes included) as listed above by:

Cheque payable to **CEM Specialties Inc.**

OR

VISA

Master Card

AMEX (CAD Only)

Card No. _____ Exp: _____ / _____

Card holder's Name: _____

Card holder's signature: _____

Please complete the registration form and return it to thomas@cemsi.on.ca or fax it to 519-681-8799.

If you have any questions please call Marsha Thomas at:
519-681-9595 ext. 221 or thomas@cemsi.on.ca