



ATTENDEE REGISTRATION FORM

Feel free to make copies of this form for additional attendees

Medical Aspects of Disaster Management March 29-30, 2006	
Attendee Name:	
Title:	
Company/Agency:	
Address:	
City, State, and Zip Code:	
Telephone Number:	Fax Number:
E-mail Address:	
Training Coordinator Email:	Phone Number:

REGISTRATION FEE:

Industry: \$695

Small Business (less than 100 employees): \$645

Government: \$595

<i>Method of Payment:</i>	
<input type="checkbox"/> Company Check (<i>payable to Market*Access International</i>)	<input type="checkbox"/> Credit Card <input type="checkbox"/> Government P.O.
Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number: _____	Exp. Date: _____
Name Printed on Card: _____	
Signature (required): _____	

CANCELLATION POLICY: You may designate a substitute in writing any time before event.

If you need to cancel your registration, we must receive your notice in writing and you will be subject to a \$50 processing fee.

*No refunds are given for cancellations received one week prior to the event start date or later.

Please fax this form, complete with payment information, to (703) 807-2728

or mail it with your payment to:

Market*Access International, 4301 Wilson Blvd., Suite 1003, Arlington, VA 22203

If you have questions about registration/payment, please call Pamela Greenstein at (703) 807-2758. Thank you!