



REGISTRATION FORM

Feel free to make copies of this form for additional attendees

FAR UPDATE August 11, 2005	
Attendee Name:	
Title:	
Company/Agency:	
Address:	
City, State, and Zip Code:	
Telephone Number:	Fax Number:
Attendee's E-mail Address:	
E-mail Address of your training coordinator:	

REGISTRATION FEE:

Industry: \$595
Small Business (less than 100 employees): \$495
Government: \$395

<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 (Please Check One): <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 the event. If you need to cancel your registration, you must send your notice in writing and will be subject to a \$50 processing fee. No refunds will be given for cancellations received 3 business days prior to the event start date or later. PLEASE NOTE: No-shows will be liable for the entire registration fee.

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!