



# REGISTRATION FORM

Feel free to make copies of this form for additional attendees

<b>Indefinite Delivery Contracts</b> <b>November 8-9, 2005</b>	
<b>Attendee Name:</b>	
<b>Title:</b>	
<b>Company/Agency:</b>	
<b>Address:</b>	
<b>City, State, and Zip Code:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address of Attendee:</b>	
E-mail Address of your training coordinator:	

### REGISTRATION FEE:

**Industry: \$795**  
**Small Business (less than 100 employees): \$695**  
**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 (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 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 within 3 business days of the course start date.

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!