



REGISTRATION FORM

Feel free to make copies of this form for additional attendees

PERFORMANCE BASED CONTRACTING January 5-7, 2005	
Attendee Name:	
Title:	
Company/Agency:	
Address:	
City, State, and Zip Code:	
Telephone Number:	Fax Number:
E-mail Address:	
E-mail Addresses of your contacts who should be forwarded an invitation to this course:	

REGISTRATION FEE:

Industry: \$1,295

Government: \$1,095

<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 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 are given for cancellations received 48 hours 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 (703) 807-2753 or (703) 807-2744. Thank you!