

## REGISTRATION FORM

Feel free to make copies of this form for additional attendees

<b>The 2005 Defense Medical &amp; Procurement Conference June 1-2, 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:</b>	
Training Coordinator's Email Address:	

### REGISTRATION FEE:

**Industry: \$695**

**Small Business: \$495**

**Government: \$495**

<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 the conference. To cancel and obtain a full refund, please make sure we receive your notice in writing at least 5 business days prior to the conference start date. If you cancel in writing after that date, but before the course begins, you will receive a full refund, less a \$50 processing fee. No refunds are given for cancellations received 3 business days prior to the conference 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!