



REGISTRATION FORM

Feel free to make copies of this form for additional attendees

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| CONTRACT FORMATION WORKSHOP March 21-22, 2005 | |
| Attendee Name: | |
| Title: | |
| Company/Agency: | |
| Address: | |
| City, State, and Zip Code: | |
| Telephone Number: | Fax Number: |
| E-mail Address: | |
| Training Coordinator's Email Address: | |

REGISTRATION FEE:

Industry: \$845

Government: \$645

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|--|---|
| <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 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 3 business days 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 Stacy Dellinger at (703) 807-2753. Thank you!