

# Registration Form

## VOMA 2003 International Training Institute and Conference

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**TRAINING INSTITUTE** – Please select only one training per session.

<b>Day 1:</b>		<b>Day 2:</b>		<b>Day 3:</b>	
Sun: Noon – 5:30	Mon: 8:45 – Noon	Mon: 1:45 – 5:00	Tues: 8:45 – Noon	Tues: 1:45 – 5:00	Wed: 8:45 – Noon
Training A <input type="checkbox"/> _____ →					
Training B <input type="checkbox"/> _____ →			Training P <input type="checkbox"/>		
Training C <input type="checkbox"/> _____ →			Training Q <input type="checkbox"/>		
Training D <input type="checkbox"/>		Training J <input type="checkbox"/> _____ →			
Training E <input type="checkbox"/>		Training K <input type="checkbox"/>		Training R <input type="checkbox"/>	
Training F <input type="checkbox"/>		Training L <input type="checkbox"/>		Training S <input type="checkbox"/>	
Training G <input type="checkbox"/>		Training M <input type="checkbox"/>		Dialogue T <input type="checkbox"/>	Dialogue U <input type="checkbox"/>
Dialogue H <input type="checkbox"/>	Dialogue I <input type="checkbox"/>	Dialogue N <input type="checkbox"/>	Dialogue O <input type="checkbox"/>		

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I am currently a member of VOMA: Yes  No

If Yes - please indicate Membership Type: Individual/Student  Agency

	<b>Early Registration</b> Postmarked by October 24		<b>Late Registration</b> After October 24		<b>Amount to Pay</b>
	<b>Member</b>	<b>Non-Member</b>	<b>Member</b>	<b>Non-Member</b>	
Training Institute & Conference	\$295	\$425	\$375	\$525	\$
Sub Total					\$
10% Discount to Non U.S. Residents					\$ (- )
Sub Total					\$
Membership Meeting and Dinner @ \$25.00 per person					\$
<b>Total Enclosed</b>					<b>\$</b>

<p><b>Cancellation Policy:</b> Prior to October 15th at 75% of amount paid After October 15th no refund available</p>
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<b>FORM OF PAYMENT</b> (in U.S. funds) (Registration will not proceed without payment)		
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Purchase Order PO #
Amount enclosed or to charge to card		
<b>For Credit Card Payment:</b>		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	
Credit Card #		
Expiration Date		
Cardholder's signature		
Print name of cardholder		

**Dietary Requirements:**

Vegetarian   
No Red Meat   
Other

*(We will do our best to meet these requirements)*

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