

# Waters



## TRAINING REGISTRATION FAXBACK FORM

Fax: (508) 616-9881

Ms.  Mr.  Dr. FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CLASS LOCATION: \_\_\_\_\_

Indicate any special physical or dietary needs: \_\_\_\_\_

### PLEASE CHECK WORKSHOP YOU WISH TO REGISTER FOR: NuGenesis SDMS Administration Training Course version 6.x

March 8 - 10      **San Diego, CA**

March 29 - 31      **Milford, MA**

### REGISTRATION FEE:

\$2,500.00 for NuGenesis SDMS Administration Training Course version 6.x

### TERMS AND CONDITIONS:

#### Cancellation Policy:

Cancelled registration(s) will be subject to a \$75.00 processing fee. Rescheduling a training workshop is permitted, however a \$75.00 processing fee will apply if the next available training workshop is not attended.

### PAYMENT:

**Check Enclosed\***

If Paying by Check please mail a copy of this form with the payment

**PURCHASE ORDER #** \_\_\_\_\_

Please indicate if a Purchase Order for the selected training workshop(s) is new or has been previously placed with NuGenesis Technologies.

**New**       **Previously Placed**

**Charge my payment** of \$ \_\_\_\_\_ (U.S. dollars) to:

VISA     MasterCard     American

Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signature \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

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Questions: [training@nugenesis.com](mailto:training@nugenesis.com) (508) 616-9876 x 4593