

2011 Digital Design in Facial Prosthetics Registration Form

To ensure registration is correctly interpreted via fax, Please type or print information very clearly and with large characters

*Name:

First (Given Name) LAST (Family Name)

*Address:

University/Hospital/Company Department

*Street Address Suite

*City *State *Postal Code *Cou ntry

*Phone: () - - Fax: _____

*Email Address (required for confirmation receipt): _____
Please print very clearly

* required information

REGISTRATION FEES All fees quoted in US dollars

REGISTRATION FEE

Delegates **\$1,500.00**

PAYMENT Check Payment: USA dollars Check payable to: **RES Seminars**
Mail check & registration form to: RES Seminars, 4425 Cass Street, Suite A • San Diego, CA 92109 USA

TOTAL FEES

\$1,500.00 USA dollars

Credit Card Payment:

May be faxed to administration office: **(1) 858-272-7687**. Credit cards accepted: **Visa, MasterCard**

Credit Card #: _____ CVV #: _____
(3 digit number on back of Visa and MasterCard)

Exp. Date: _____ Name on Card: _____

Authorized Signature: _____ Date: _____

Refund Policy: Requests in writing prior to July 15, 2011 - fees will be refunded less \$75 USD administration fee. No refunds after July 15, 2011

Complete the above information and fax to. **Fax number: (1) 858-272-7687** Questions.... Tel: (1) 858-272-1018 Email: res@res-inc.com