IISE Seminar Registration Form for Alumni and Professionals

Please complete registration form, scan it and email to Kathaleeya Chhan at kchhan@iise.org

PLEASE COMPLETE(print or type)**:**

Course Name:

Course Date(s):

Last name: _____ **First name:** _____

IISE Member #: _____ **Name for your badge for class:** _____

Company: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

This is my: ☐ **Home Address** ☐ **Work Address** **Country:** _____

Email: _____ **Phone #:** _____

GRAND TOTAL

Seminar(s) Program Fee $ _____

Method of Payment:

☐ **Check (made payable to IISE and attached to registration form)**

☐ **Master Card** ☐ **Visa** ☐ **American Express**

Credit Card #: _____ **Exp. Date:** _____

Name of Cardholder: _____

Authorized Signature: _____