

# ATTENDANCE FORM

## Labnet Training Seminar

Lab Name: \_\_\_\_\_

Labnet Customer Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Attendee(s) Please print.

\_\_\_\_\_  
 \_\_\_\_\_

	# Attendees	Price (On Support)		Price (Not On Support)	
Session 1 (Wednesday)		x \$40.00 =		x \$75.00 =	
Session 2 (Thursday)		x \$75.00 =		x \$150.00 =	
Session 3 (Friday)		x \$75.00 =		x \$150.00 =	
Total:			\$		\$

Method of Payment:

Visa       Mastercard       American Express

Credit Card Number: \_\_\_\_\_

Expires: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Please email completed form(s) to [terri@labnet.net](mailto:terri@labnet.net) or fax to 706-769-1592

**NOTE:** Please expect a seminar reservation confirmation by fax or email.