

Seminar 1 – 2010 Conference Reg. Form

(Please Reproduce and Complete for Each Attendee)

***Please Print Clearly

Last Name _____

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Certifications Held: (circle all that apply)

CFPIM CPIM CIRM CPM CSCP Other: _____

Job Title _____

Company: _____

Mailing Address _____

City: _____ State: _____ Zip _____

Chapter _____ Member # _____

Home Telephone: _____ Fax # _____

Work Telephone: _____ Extension _____

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www.seminar1.org



Holiday Inn

Marlboro

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Marlboro, MA. 01752

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Ask for the APICS Seminar 1
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CONFERENCE REGISTRATION ONLY

Sun., Mon. & Tues. - April 25 - 27, 2010

Until \$299.00
2/28/10

After \$399.00
2/28/10
(Walk in rate)

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Sunday Night 4/25/2010

Check or Credit Card Only! (No Purchase Orders Accepted)

Full payment must accompany form, if mailed or faxed, and must be received by 4/10/2010.

Walk-in registration rate applies to all registrations received after 4/10/2010 as well as all on-site/walk-in registrations.

Make checks payable to: **Seminar 1**
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Seminar 1
Laurie Walsh
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Seminar 1 Qualifies for
APICS Certification
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CHECK VISA MASTERCARD AMERICAN EXPRESS
(Please circle one)

Check # _____ for \$ _____ is enclosed **OR**

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Name on Card: _____ Exp. _____

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Fax registration to: **559-751-5246**

Cancellation and Refund Policy

Notification of your cancellation must be received in writing by 4/15/2010, and will be subject to a \$125 cancellation charge. No refunds after that date. In lieu of cancellation, you may transfer your registration to another Seminar 1 year. This is free prior to 4/15/2010, and has an administrative cost of \$50.00 after that date.