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REGISTRATION FORM**Training Course on SuperPro Designer and SchedulePro****PLEASE MAIL, FAX OR EMAIL THIS FORM TO THE ABOVE ADDRESS.**

INSTITUTION:	PHONE:
NAME:	FAX:
JOB TITLE:	EMAIL:
ADDRESS:	

COURSE YOU ARE REGISTERING FOR:

VENUE:
DATE:

Please, provide us with a brief description of your modeling and simulation needs (current projects that you are working on):

PAYMENT: (Please check one of the following options)

- Purchase Order from your institution mailed or faxed to the address above (please clearly indicate the billing address of the Invoice).
- Bank check payable to INTELLIGEN, INC. and drawn on a US bank.
- Bank transfer. Please inquire for Bank Account information.
- Cash at the course.
- Credit Card charge:
 VISA MasterCard AMEX

Cardholder's Name:	Account No.:
Billing Address:	Expiration Date:
	Security Code: