

## **LaVision PIV Short Course**

October 9 - 11, 2018

## **REGISTRATION FORM**

Space is limited and available on a first-come, first-served basis.

Early registration and payment due no later than July 20, 2018

| Prefix:     | First name:    |            |     | Last na   | me:          |  |
|-------------|----------------|------------|-----|-----------|--------------|--|
| Company/l   | Institution:   |            |     |           |              |  |
| Address:    |                |            |     |           |              |  |
| City/State/ | Zip:           |            |     |           |              |  |
| Email:      |                |            |     | Phone:    |              |  |
| I work with | DaVis version: | 7.x        | 8.x | Other:    |              |  |
| I am using  | the following: | Planar PIV |     | Micro PIV | _ Stereo PIV |  |
| Time Resc   | olved PIV      | Tomo PIV _ |     | Other     |              |  |

FAX REGISTRATION FORM TO 240-465-4306 OR E-MAIL TO dmullins@lavisioninc.com

| MEALS WILL BE PROVIDED.                   |  |  |                         |  |  |  |  |
|---|--|--|-------------------------|--|--|--|--|
| Please list any special diet requirements |  |  |                         |  |  |  |  |
| SPECIAL ACCOMOD                           | ATIONS   |  |                         |  |  |  |  |
|   | of any special accomm<br>ce as excellent as poss | odations that you require sible.             | so that we can make     |  |  |  |  |
| PAYMENT OPTIONS                           |  |  |                         |  |  |  |  |
| /isa MasterCard Check Purchase Order      |  |  |                         |  |  |  |  |
| Credit Card Payment                       | Authorization                                    |  |                         |  |  |  |  |
| Name on card:                             |  |  |                         |  |  |  |  |
| Billing address:                          |  |  |                         |  |  |  |  |
| City/State/Zip:                           |  |  |                         |  |  |  |  |
| Credit card number:                       |  |  |                         |  |  |  |  |
| Expiration date:                          |  | Security code:                               |                         |  |  |  |  |
| FEE SCHEDULE (lund                        | ch & dinner included)                            |  |                         |  |  |  |  |
|   | Early Registration Payment before 7/20/2018      | Standard Registration Payment before 9/21/18 |                         |  |  |  |  |
| Student                                   | \$950  | \$1,100                                      |                         |  |  |  |  |
| Faculty/Government                        | \$1,500  | \$1,775                                      | _                       |  |  |  |  |
| Corporate                                 | \$2,950  | \$3,225                                      |                         |  |  |  |  |
| TOTAL AMOUNT DUE                          |  | ill your credit card for the a               | amount noted above. All |  |  |  |  |
| fees are non-refundab                     | le.  |  |                         |  |  |  |  |
| Signature                                 | Printed Name                                     |  | Date                    |  |  |  |  |