

LaVision Tomo-PIV Short Course

October 8 - 10, 2019

REGISTRATION FORM

Space is limited to 20 attendees and is on a first-come, first served basis.

Early registration and payment due no later than July 23, 2019

| Prefix: | First Name: | | | Last N | ame: | | | |
|--|--------------|------------|-----|--------|--------|------------|--|--|
| | itution: | | | | | | | |
| Address: | | | | | | | | |
| City/State/Zip: | : | | | | | | | |
| Email: | | | | Phone | :: | | | |
| | | | | | | | | |
| I work with Da | Vis version: | 7.x | 8.x | | Other: | | | |
| I am using the | following: | Planar PIV | | Micro | PIV | Stereo PIV | | |
| Time Resolved | I PIV | Tomo PIV | | Other_ | | | | |
| | | | | | | | | |
| MEALS WILL BE PROVIDED | | | | | | | | |
| Please list any special diet requirements | | | | | | | | |
| SPECIAL ACCOMMODATIONS | | | | | | | | |
| Please notify LaVision of any special accommodations that you require so that we can make your | | | | | | | | |

learning experience as productive as possible.

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

LaVision Inc. 211 W. Michigan Ave., Suite 100 Ypsilanti, MI 48197 734-485-0913



| PAYMENT OPTIONS | Visa | MasterCard | Check | Purchase Order |
|------------------------|--------------|---------------|-------|----------------|
| Credit Card Payment A | uthorization | | | |
| Name on Card: | | | | |
| Billing Address: | | | | |
| <u>City/State/Zip:</u> | | | | |
| Credit Card Number | | | | |
| Expiration Date: | | Security Code | : | |

FEE SCHEDULE (meals included)

| | Early Registration Payment before 7/23/2019 | Standard Registration Payment before 9/15/2019 | |
|--------------------|---|---|--|
| Student | \$950.00 | \$1,100.00 | |
| Faculty/Government | \$1,750.00 | \$1,975.00 | |
| Corporate | \$2,950.00 | \$3,225.00 | |

TOTAL AMOUNT DUE \$_____

By signing below, you authorize LaVision to bill your credit card for the amount noted above.

All fees are non-refundable.

Signature

Printed Name

Date

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