### PAYMENT FORM

### \*\*GROUP REGISTRATION\*\*

### 2015 ASQ-3 & ASQ:SE TRAINING OF TRAINERS INSTITUTE PHILADELPHIA, PENNSYLVANIA

Groups—Send 4+ PEOPLE & SAVE! Each registrant completes ONE registration form.

ALL registration forms must be submitted along with a single Group Registration Payment Form. Please print out additional registration forms for each additional member of your group.

	Group Rate per Registrant	# of Registrants (4 or more)	Total
ASQ-3 & ASQ:SE Training Institute	US \$875.00		\$
August 5-7, 2015			Ψ
Philadelphia, Pennsylvania			

#### PLFASE PRINT LEGIBLY

1 22/132 1 111111 22 6152 1	
PAYMENT METHOD	If paying by Purchase Order, please attach a copy of your P.O.
Oheck enclosed (payable to Brookes Publishing Co.)	Purchase Order #
Oiscover (16 digits)	○ MasterCard (16 digits)
Visa (16 digits)	American Express (15 digits)
Credit card account number	
Security code (3 digit code on back of card, 4 digit on front of AmEx card)	
Expiration date (mo/yr) Signature	re
Name as it appears on credit card	
Billing Address	
City	State
ZIP / Postal Code	Country
Daytime Phone	Fax
E-mail ( <i>REQUIRED</i> for Institute communication purposes)	
Payment by credit card, check, or institutional purchase ord been verified or purchase orders have been received. Confir	er only. Registration is not complete until credit cards have mations will be sent by e-mail within two weeks of receipt.

Submit all completed forms to
Brookes on Location, P.O. Box 10624, Baltimore, MD 21285-0624,
seminars@brookespublishing.com, or fax 443-279-0976

QUESTIONS? Email seminars@brookespublishing.com

**Groups—Send 4+ PEOPLE & SAVE!** <u>Each</u> registrant completes **ONE** registration form.

ALL registration forms must be submitted along with a single Group Registration Payment Form.

Submit completed forms and payment to Brookes on Location, P.O. Box 10624, Baltimore, MD 21285-0624, or seminars@brookespublishing.com, or fax 443-279-0976

QUESTIONS? Email seminars@brookespublishing.com

Registration is open until July 14, 2015, or until all space are filled, whichever comes first

### For groups of 4 or more, complete one form per registrant

PLEASE PRINT LEGII	BLY			
Registrant Name				
<u>Title</u>		Organization		
Address				
City		State		
ZIP / Postal Code		Country	/	
Daytime Phone		Fax		
E-mail ( <b>REQUIRED</b> for I	nstitute communic	cation purposes)		
Specialty (write in your	r specialty and ched	ck one field that best applies)		
○Birth to Five	<b>○</b> K-12	Oclinical/Medical Personnel	<b>Q</b> 4-year	College/Grad
Community Colle	ege/Vocational	Association/Foundation	○Comm. Service	res

**ASQ-3 & ASQ:SE Training of Trainers Institute** 

US \$875.00\*

August 5-7, 2015 ~ Philadelphia, Pennsylvania

Each registration fee includes ASQ-3 & ASQ:SE practice forms and handouts.

Payment by credit card, check, or institutional purchase order only. Registration is not complete until credit cards have been verified or purchase orders have been received. Confirmations will be sent by e-mail within two weeks of receipt.

Full attendance is required for successful completion of the training. Please plan your travel accordingly.

\*This registration form is for **GROUPS OF 4 OR MORE** from the same organization.

<u>Each registrant</u> completes a separate registration form.

**Groups—Send 4+ PEOPLE & SAVE!** <u>Each</u> registrant completes **ONE** registration form.

ALL registration forms must be submitted along with a single Group Registration Payment Form.

Submit completed forms and payment to Brookes on Location, P.O. Box 10624, Baltimore, MD 21285-0624, or seminars@brookespublishing.com, or fax 443-279-0976

QUESTIONS? Email seminars@brookespublishing.com

Registration is open until July 14, 2015, or until all space are filled, whichever comes first

### For groups of 4 or more, complete one form per registrant

PLEASE PRINT LEGII	BLY			
Registrant Name				
<u>Title</u>		Organization		
Address				
City		State		
ZIP / Postal Code		Country	/	
Daytime Phone		Fax		
E-mail ( <b>REQUIRED</b> for I	nstitute communic	cation purposes)		
Specialty (write in your	r specialty and ched	ck one field that best applies)		
○Birth to Five	<b>○</b> K-12	Oclinical/Medical Personnel	<b>Q</b> 4-year	College/Grad
Community Colle	ege/Vocational	Association/Foundation	○Comm. Service	res

**ASQ-3 & ASQ:SE Training of Trainers Institute** 

US \$875.00\*

August 5-7, 2015 ~ Philadelphia, Pennsylvania

Each registration fee includes ASQ-3 & ASQ:SE practice forms and handouts.

Payment by credit card, check, or institutional purchase order only. Registration is not complete until credit cards have been verified or purchase orders have been received. Confirmations will be sent by e-mail within two weeks of receipt.

Full attendance is required for successful completion of the training. Please plan your travel accordingly.

\*This registration form is for **GROUPS OF 4 OR MORE** from the same organization.

<u>Each registrant</u> completes a separate registration form.

**Groups—Send 4+ PEOPLE & SAVE!** <u>Each</u> registrant completes **ONE** registration form.

ALL registration forms must be submitted along with a single Group Registration Payment Form.

Submit completed forms and payment to Brookes on Location, P.O. Box 10624, Baltimore, MD 21285-0624, or seminars@brookespublishing.com, or fax 443-279-0976

QUESTIONS? Email seminars@brookespublishing.com

Registration is open until July 14, 2015, or until all space are filled, whichever comes first

### For groups of 4 or more, complete one form per registrant

PLEASE PRINT LEGII	BLY			
Registrant Name				
<u>Title</u>		Organization		
Address				
City		State		
ZIP / Postal Code		Country	/	
Daytime Phone		Fax		
E-mail ( <b>REQUIRED</b> for I	nstitute communic	cation purposes)		
Specialty (write in your	r specialty and ched	ck one field that best applies)		
○Birth to Five	<b>○</b> K-12	Oclinical/Medical Personnel	<b>Q</b> 4-year	College/Grad
Community Colle	ege/Vocational	Association/Foundation	○Comm. Service	res

**ASQ-3 & ASQ:SE Training of Trainers Institute** 

US \$875.00\*

August 5-7, 2015 ~ Philadelphia, Pennsylvania

Each registration fee includes ASQ-3 & ASQ:SE practice forms and handouts.

Payment by credit card, check, or institutional purchase order only. Registration is not complete until credit cards have been verified or purchase orders have been received. Confirmations will be sent by e-mail within two weeks of receipt.

Full attendance is required for successful completion of the training. Please plan your travel accordingly.

\*This registration form is for **GROUPS OF 4 OR MORE** from the same organization.

<u>Each registrant</u> completes a separate registration form.

**Groups—Send 4+ PEOPLE & SAVE!** <u>Each</u> registrant completes **ONE** registration form.

ALL registration forms must be submitted along with a single Group Registration Payment Form.

Submit completed forms and payment to Brookes on Location, P.O. Box 10624, Baltimore, MD 21285-0624, or seminars@brookespublishing.com, or fax 443-279-0976

QUESTIONS? Email seminars@brookespublishing.com

Registration is open until July 14, 2015, or until all space are filled, whichever comes first

### For groups of 4 or more, complete one form per registrant

PLEASE PRINT LEGII	BLY			
Registrant Name				
<u>Title</u>		Organization		
Address				
City		State		
ZIP / Postal Code		Country	/	
Daytime Phone		Fax		
E-mail ( <b>REQUIRED</b> for I	nstitute communic	cation purposes)		
Specialty (write in your	r specialty and ched	ck one field that best applies)		
○Birth to Five	<b>○</b> K-12	Oclinical/Medical Personnel	<b>Q</b> 4-year	College/Grad
Community Colle	ege/Vocational	Association/Foundation	○Comm. Service	res

**ASQ-3 & ASQ:SE Training of Trainers Institute** 

US \$875.00\*

August 5-7, 2015 ~ Philadelphia, Pennsylvania

Each registration fee includes ASQ-3 & ASQ:SE practice forms and handouts.

Payment by credit card, check, or institutional purchase order only. Registration is not complete until credit cards have been verified or purchase orders have been received. Confirmations will be sent by e-mail within two weeks of receipt.

Full attendance is required for successful completion of the training. Please plan your travel accordingly.

\*This registration form is for **GROUPS OF 4 OR MORE** from the same organization.

<u>Each registrant</u> completes a separate registration form.