

Seminar 1 – 2010 Conference Reg. Form

(Please Reproduce and Complete for Each Attendee)

***Please Print Clearly

Last Name _____

www.seminar1.org

First Name _____ MI _____

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 _____

E-Mail _____



Location
 Holiday Inn Hotel and Suites
 265 Lakeside Avenue (Rt. 20)
 Marlborough, MA 01752
 509-481-3000
www.holidayinn.com/marlborough
 Ask for the APICS Seminar 1
 special roomrate of \$95.00

CONFERENCE REGISTRATION ONLY

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

Conferee Fees 499.00

**Add optional CSCP Review Sunday
 4/25/2010 \$99.00**

**Conference Registration does not cover
 Hotel Room Fees. Please contact the
 Hotel to make you reservation.**

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 4/1/2010 as well as all on-site/walk-in registrations.

Make checks payable to: **Seminar 1**
 Send all forms and payments to:
Seminar 1
Laurie Walsh
P. O. Box 999
West Yarmouth, MA 02673

Seminar 1 Qualifies for
 APICS Certification
 Maintenance Points

CHECK VISA MASTERCARD AMERICAN EXPRESS
 (Please circle one)

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

Credit Card # _____

Name on Card: _____ Exp. _____

Signature: _____

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.