

## LSI Course Registration Form

Course  Start Date  Course Fee

Please tell us how you heard about LSI:

### Contact Information

Salutation:  *First Name*  *Last Name*

*Title*  *Company*

*Address*  *City, State/  
Province*   
*Postal Code*

*Telephone*  *Fax*  *E-mail*

### Comments :

**If you have additional comments such as dietary needs, special needs, PO number and where to send the invoice etc., please fill in below :**

By signing, you agree that you have read and agree to the terms listed below. Please use only one form per person if you are registering multiple participants.

Initials \_\_\_\_\_

Signature

