

Be sure to complete all sections to ensure an accurate registration.

REGISTRATION INFO	RMATION			
First Name		MI Surname/L	ast Name	
Position/Title		Company/University	ompany/University	
Street				
City	State/Province	Country	ZIP/Postal Code	
Telephone	E-Mail			
COURSE SELECTION	Please fill in the course ID (Ex: 0	CH900), course title, and start date	e (if applicable)	
COURSE ID	COURSE	TITLE	START DATE	

## **PAYMENTS**

## FOR PAYMENT BY CHECK:

Return a copy of this form with a check made payable in U.S. dollars to "AIChE" to:  $AIChE^{\otimes}$  Lockbox 9471, PO Box 70280, Philadelphia, PA 19176-0280

PAYMENT INFOR  ☐ Mastercard	RMATION  Uisa	☐ Discover	☐ American Express	☐ Check or Money Order (enclosed)
Cardholder's Name (Please Print)		Signature		
Card Number		Exp. l	Date	Date
Total Number of Courses TOTAL PAYMENT \$		Faxes should be sent to 1-203-775-5177		

## **REFUND POLICY**

SUBSTITUTIONS: No penalty, simply call us at 1-800-242-4363 (1-203-702-7660 outside the U.S.) and let us know so we can have the badge ready for your substitute.

TRANSFERS: Transfer to a future date with no penalty. However, transferring to a course and then canceling will be subject to a \$200 administrative charge per course.

CANCELLATIONS: All cancellations must be submitted in writing to customerservice@aiche.org
Cancellations made up to 21 business days prior to the start of the course: 100% refund
Cancellations made 20 to 6 business days prior to the start of the course: Complete refund less \$200 administrative charge
Cancellations 5 to 0 days prior to the start of the course: No Refund