OS2 Course Registration Form

Please complete information below
Please note that the name and title you give here will be printed on your badge and the participants' list.
Forms should be faxed to 866-470-5744 or sent via email to carol@os2corp.com

Date: February 23, 2017 Military Packaging Training: Ft. Lauderdale Beach, Florida

1. Participants information

| First and Last Name: | |
|---|--|
| Title: | |
| Organization: | |
| Address: | |
| City/State: | _ Zip Code: |
| Telephone: | |
| Fax: | E-mail: |
| 2. Registration Fee | |
| before December 20, 2016. Fees include as well as easy-to-follow reference guid | quired for registration. The remaining balance is due by or e tea/coffee, lunch, and course materials with full illustrations, es. Please indicate below if your team is interested in a training and we will contact you. Would you like us to lized workshop on February 24? |
| 3. Credit Card Information | |
| Name: | |
| Billing Address: | |
| Billing City/State/Zip: | |
| Credit Card Type: | |
| Credit Card Number: | |
| Expiration Date: | |
| Date:// | Signature: |