

# Registration

## By Phone

Call 978-934-2405  
to register by phone

## By Fax

Fax this completed form  
to 978-934-2028

## By Mail

UMass Lowell  
Attn: Gwen Picanco  
Continuing Studies  
Southwick Hall 303  
One University Avenue  
Lowell, MA 01854-2881

Please print clearly or type. Photocopy for additional forms.

## General Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address (required for receipt of confirmation) \_\_\_\_\_

## How did you hear about the plastics seminars?

Check all that apply.

- Rec'd Plastics Brochure in the mail  
 Search engine and/or UMass website  
 Colleague/friend told me  
 Picked brochure up at a conference  
 Other \_\_\_\_\_

## Select a Seminar

Course Name & Number	Date	Cost

\$100 late registration fee  
For registrations received less than 14  
days prior to the start of the seminar.

Total Amount Enclosed

## Payment Method

Please note we cannot accept American Express.

- Check enclosed, payable to the University of Massachusetts Lowell
- Purchase Order#: \_\_\_\_\_ Company's Federal Tax ID #: \_\_\_\_\_

Please fax a copy of your PO to 978-934-2028 or mail it to the address above with your registration. A copy of the PO is **REQUIRED** in order to process your registration.

Contact Name for PO: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Bill Credit Card:  MasterCard  VISA  Discover **We cannot accept American Express.**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_