



Training  
Center

# IISE Seminar Registration Form for Alumni and Professionals

Please complete registration form, scan it and email to [cs@iise.org](mailto:cs@iise.org).

**PLEASE COMPLETE**(print or type):

Course Name: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Location/School: \_\_\_\_\_ EC: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

IISE Member #: \_\_\_\_\_ Name for your badge for class: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This is my:  Home Address  Work Address Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

## GRAND TOTAL

Seminar(s) Program Fee \$ \_\_\_\_\_

Method of Payment:

Check (made payable to IISE and attached to registration form)

Master Card  Visa  American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_