

AAIP/ADIS SEMINAR REGISTRATION FORM:

Name: _____

Title or Designation: _____

Practice/Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

PAYMENT INFORMATION:

Registration can be submitted online: info@ADISeminars.com .

Payment should be made to ADIS. To pay by check, money order or with credit card, please complete this form and fax to: 973.807-0514;

or mail with payment to: ADIS, 400 Broad Street Clifton, NJ 07013

Course title: _____

Course date: _____

AAIP members \$65 Discount (NEW JERSEY) or \$100 Discount (JAMAICA)

Course fees: _____

Credit Card # _____

Expiration: _____ Security Code: _____

Signature: _____