

REGISTRATION FORM

Company: _____ Contact: _____
(Company representative)

Person(s) attending the workshop (Please list as you would like your name to appear on your nametag):

1. _____ 2. _____
3. _____ 4. _____

Company: _____

Mailing Address: _____

Phone: _____ Fax: _____

For office use only: 1-46200-530-5351 (registration) and 1-46890-510-5000

_____ \$85.00/person dinner cruise (isn't included in the registration fee below)

_____ \$100.00/person IFAI/MFA members

_____ \$150.00/person non-IFAI/MFA members

Please charge \$_____ to my:

- Visa
- American Express
- Master Card
- Discover

Cardholder's Signature: _____

Cardholder's Name: _____
(exactly as stated on credit card)

Cardholder's Billing Address: _____

_____ Address Line 2

_____ City, State, Zip/Postal Code

_____ Country

Credit Card Number: _____

Expiration Date: _____ Cardholder's ID # _____
(American Express - 4 digit number on front of card)
(Visa, MC, Discover - 3 digit number on back of card)

Return this form to: the Marine Fabricators Association (MFA), SDS-12-2108 PO Box 86, Minneapolis, MN 55486-2108, USA; Fax: 651/631-9334.