



November 11-12, 2009
 Holiday Inn Birmingham Airport
 Birmingham, AL
www.electrocoat.org/seminar

EDUCATION . TECHNOLOGY . NETWORKING . PLANT TOUR

ELECTROCOATING SEMINAR REGISTRATION FORM

Note: You may photocopy this form for additional registrants. This is how your badge will read. Please print or type clearly.

_____	_____	_____
First Name	Last Name	
_____	_____	_____
Title	Company	
_____	_____	_____
Address	City, State, Zip/Postal Code	Country
_____	_____	_____
Telephone Number	Fax Number	

E-Mail Address		

IN CASE OF EMERGENCY DURING THE SEMINAR CONTACT:

Name

Day Telephone

Evening Telephone

Please indicate any special needs

FAX AND E-MAIL CONSENT

I understand that by providing the fax number and e-mail address above, on behalf of the company and individual specified above, I am authorized to and hereby consent for the company and individual to receive faxes and/or e-mails sent by or on behalf of The Electrocoat Association and The Chemical Coaters Association International.

Signature Date

SEMINAR FEE

Please check appropriate spaces below:

Basic Program – Day 1:

- Chemical Coaters Association International (CCAI) Member\$195
- Electrocoat Association Member\$195
- I am not a member of either Association.....\$225

Advanced Program – Day 2:

- Chemical Coaters Association International (CCAI) Member\$195
- Electrocoat Association Member\$195
- I am not a member of either Association.....\$225

Basic and Advanced Program – Both Day 1 and Day 2:

- Chemical Coaters Association International (CCAI) Member\$295
- Electrocoat Association Member\$295
- I am not a member of either Association.....\$325
- I will attend the Max Coatings plant tour from 2-4:00 PM (complimentary transportation provided)
- I will attend the complimentary Networking Reception at the hotel on November 11, 6:30-8 PM.

PAYMENT

- Check Enclosed: Please make payable to:
 "The Electrocoat Association – E-Coat Seminar"
 - Company Purchase Order Enclosed
- Charge to Visa MasterCard American Express Discover

_____	_____	_____
Account Number	Sec. Code	Exp. Date
_____		_____
Signature		Print Name of Cardholder

RETURN THIS FORM WITH PAYMENT TO:
ELECTROCOATING SEMINAR
 P.O. Box 541083 • Cincinnati, OH 45254 • FAX: 513-527-8801