

2019 ICDD XRF REGISTRATION FORM


Practical X-ray Fluorescence Clinic 29 April - 3 May 2019

By: 18 March 2019 - \$1,700

After: 18 March 2019 - \$1,950

To receive the early registration price, payment must be included with your registration.

3 EASY WAYS TO REGISTER

 **Fax to:**
+610.325.9823

 **Online at:**
www.icdd.com

 **Mail to: ICDD**
12 Campus Boulevard
Newtown Square, PA 19073-3273

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First Name _____ Middle Initial _____ Last Name _____

Company/Organization _____

Business Address (street) _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ E-mail _____

Home Phone (in case of emergency) _____

Check this box if ICDD has your permission to share your contact information with participating vendors.

Please note any needs related to disabilities or special dietary requirements.

Special needs _____

Method of payment:

Enclosed is a check for \$ _____, payable to ICDD in U.S. dollars and drawn on a U.S. bank

Charge: Visa Mastercard AMEX

Cardholder's Name _____

Cardholder's Signature _____

Address (if different from above) _____

Credit Card # _____ CVV# _____ Expiration Date _____

CANCELLATION POLICY

ICDD must guarantee payment for meals and materials in advance. You will receive a 50% refund of the paid registration fee if your written cancellation is received at ICDD 20 business days prior to the start of class. With less notice, a colleague may take your place, or the course materials will be mailed to you, but no refund will be given.

ICDD reserves the right to use any and all photographs taken throughout the course to promote the clinics without additional approval from you, the participant.

Please note: A minimum of 10 registrants per course is required, otherwise the course will be cancelled and your registration fee will be refunded. You will be notified of a course cancellation no later than two weeks prior to the start of the course.



Contact: Eileen Jennings

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