

COMPLETE THE FOLLOWING AND MAIL TO ADDRESS BELOW:
CHECK CAN BE INCLUDED. A PAGE FOR EACH REGISTRATION IS NEEDED TO PREPARE AN INVOICE OR RECEIPT.

Surfactant Associates, Inc.
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For EACH Person Attending Course:

Please check one of the following: Ms. Mr. Mrs.

Last Name (Please include all parts if more than one part): _____

First and Middle Names: _____

Title: _____

Company: _____

Address: _____

Address (cont.): _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

E-mail: _____

Work Phone: _____ Work Fax: _____

Method of Payment: _____ Check or company voucher enclosed _____ Please invoice my company

Purchase Order or Reference Number: _____ Location of course: _____

For Person making Payment, if different from above:

Please check one of the following: Ms. Mr. Mrs.

Last Name (Please include all parts if more than one part): _____

First and Middle Names: _____

Title: _____

Company: _____

Address: _____

Address (cont.): _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

E-mail: _____

Work Phone: _____ Work Fax: _____