

Center for Biofilm Engineering Workshop Registration Form

Last name: First name: Middle initial:
Title:
E-mail Address:
Company or organization:
Business address:
City: State: Zip Code: Country:
Business phone: Other phone: Fax:
Home address:
City: State: Zip Code: Country:

Method of payment:

Enclosed is a check in the amount of \$400, payable to the **Center for Biofilm Engineering.**

Enclosed is a purchase order made payable to the **Center for Biofilm Engineering.**

Enclosed is a money order made payable to the **Center for Biofilm Engineering.**

CREDIT CARD PAYMENT (accepted only by fax or surface mail)

- VISA
- MASTER CARD VISA
- DISCOVER

Card number:

Expiration date:

Name appearing on the credit card:

Zip Code associated with credit card:

Total amount:

Signature:

Send to:

Linda Loetterle
Workshop Coordinator
Center for Biofilm Engineering
Montana State University
366 EPS Building, P.O. Box 173980
Bozeman, MT 59717-3980
Telephone #: (406) 994-4770 or 994-7761
Fax #: (406) 994-6098
linda_@erc.montana.edu

Additional conditions:

The registrants are responsible for accommodations, evening meals, and transportation. The organizers are not liable in case of an accident. It is therefore important that participants carry appropriate health and travel insurance.