

# REGISTRATION FORM

Send to: Laser Institute of America • 13501 Ingenuity Drive, Suite 128 • Orlando, FL 32826 • Fax +1.407.380.5588

**PLEASE PRINT**
 Prof.  Dr.  Mr.  Mrs.  Ms.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title / Position \_\_\_\_\_ Company \_\_\_\_\_

Address (include Mail Stop) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

LIA Member \$: \_\_\_\_\_ LIA Membership #: \_\_\_\_\_

Non-Member \$: \_\_\_\_\_  Sign up for Membership (1 year - \$110)

AMOUNT PAID

To view all hotel information, including special rates, go to [www.lia.org/training](http://www.lia.org/training) or call 1.800.34.LASER to have the information sent to you.

**BILLING INFORMATION**  Same as above

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address (include Mail Stop) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

**PAYMENT METHOD**

Purchase Order  Check  Money Order  AMEX  Visa  Mastercard  Discover

Card or Purchase Order Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## SUBMIT REGISTRATION

**MAIL**

Laser Institute of America  
13501 Ingenuity Drive  
Suite 128  
Orlando, FL 32826

**PHONE**

1.800.34.LASER  
+1.407.380.1553  
7:30am–5pm EST, Mon.–Thu.  
8am–12pm EST, Fri.

**INTERNET**

[www.lia.org/training](http://www.lia.org/training)

**FAX**

+1.407.380.5588  
24 hours a day, 7 days a week

For those with impaired vision or hearing, or if you require special arrangements to participate in the course, please contact the LIA.