

REGISTRATION FORM

Send to: Laser Institute of America • 12001 Research Pkwy, Suite 210 • Orlando, FL 32826 • Fax +1.407.380.5588

Attendee Information

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 _____ 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 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 _____

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PAYMENT METHOD

Purchase Order Check Money Order AMEX Visa Mastercard Discover

Card or Purchase Order Number: _____ Expiration Date: _____ CSC: _____

Authorized Signature: _____ Print Name: _____

**For Purchase Orders, please attach a copy of the purchase order document.*

SUBMIT REGISTRATION

MAIL

Laser Institute of America
12001 Research Pkwy
Suite 210
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

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.