ACS CONTINUING EDUCATION REGISTRATION FORM
Short Courses and Webcast Courses

To register by fax:
Complete this form including a valid credit card number or government training form and fax to 202-872-6336.

To register by mail:
Mail this form with a check to ACS Office of Continuing Ed., 1155 16th St., NW, Washington, DC 20036.

To register online:
Visit our web site www.acs.org/shortcourses. A valid credit card number is required for online registration.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Date(s)</th>
<th>Fee</th>
</tr>
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<tbody>
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TOTAL ENCLOSED

Name □ Dr. □ Mr. □ Ms. □ Mrs. _________________________________________________________________

Job Title ______________________________________________________________________________________

Company/Organization ____________________________________________________________________________

Mailing Address __________________________________________________________________________________

City, State, ZIP __________________________________________________________________________________

Business Phone __________________________________  Home Phone ___________________________________

Email ______________________________________________________ FAX number ________________________

□ I am an ACS Member. My membership number is: __________________________________________________
□ I am not an ACS Member.

How did you first hear about this course? (check one)
☐ ACS web site  ☐ online search engine  ☐ ad in C&EN  ☐ ACS technical division
☐ brochure in the mail  ☐ email from ACS  ☐ from another professional association
☐ from the instructor  ☐ from a colleague  ☐ don’t remember  ☐ other: _____________________

Name/ title of manager who approved this course: _________________________________________________

PAYMENT INFORMATION
Prepayment is required for registration confirmation. Do not mail this form if fewer than two weeks remain before the course starting date. Instead, please call us at (800) 227-5558 ext. 4508 to confirm that space is available.

☐ Charge this credit card.

Card Type: □ VISA  □ MasterCard  □ American Express  □ Discover

Card Number _________________________________________________ Expiration Date ___________

Name of Cardholder _____________________________________________________________________________

Business Phone of Cardholder_______________________ ZIP code for billing address _______________

Signature ____________________________________________________________________________________

☐ Check Enclosed. Checks should be made payable to the American Chemical Society.
☐ Government training form enclosed. This option is available for federal or state government employees only. We must receive a printed or faxed copy of your purchase order or training authorization form. Payment is expected prior to attending the short course.