

Blending Treatment and Research

Miami, Florida – June 6 & 7, 2005

Registration Form

You may also register on-line at: <http://www.synergyentinc.com/blendingmiami>

Registrant Information

Prefix: Dr. Mr. Ms. Mrs.

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Title: _____

Organization: _____

Division: _____

Address: _____

Suite/Apt./Room: _____ Zip Code: _____

City: _____ State: _____ Country: _____

Phone: _____ Extension: _____

Fax: _____ E-Mail: _____

Special Needs: _____

Will you use Spanish translation?: YES NO

Payment Information

Registration Fee: **\$150.00** (refunds will not be granted after May 25, 2005.)

Payment may be submitted in the following forms (please check only one):

Check/Money Order (payable to "Synergy Enterprises, Inc.") – Check #: _____ Purchase Order #: _____

Visa Master Card American Express Discover

Card Number: _____ Expiration date: _____

Print name as appears on card: _____

Signature: _____ Date: _____

Please fax this form to Synergy Enterprises, Inc., at **(240) 485-1717**

If you must include a check or money order, you may send it to us via regular mail. Our address is:
Synergy Enterprises, Inc., ATTN: Stacy Ringwelski
8757 Georgia Avenue, Suite 450 ♦ Silver Spring, MD, 20910.

You will receive a confirmation by e-mail or fax within one week of our receipt of this form. Please do not consider yourself registered until you receive a confirmation. If you do not receive a confirmation within one week, please call (240) 485-1700.