

PSU - MIXZON CORMIX Workshop Registration Form

MixZon Inc, 1033 SW Yamhill St., Suite 301, Portland, OR 97205-2539, USA.

Ph: 503-222-1022

Fax: 503-296-2354

Email: info@mixzon.com

URL: <http://www.mixzon.com>

PLEASE COMPLETE ALL ITEMS THAT APPLY (*REQUIRED FIELDS) and Return by **Fax**

Workshop Location: Portland State University (PSU), Room – EB 310, 1930 S.W. 4th Ave, Portland, OR - 97201. USA. **Date:** June 18th and 19th, 2012.

Purchaser Details

First Name *: _____

Last Name *: _____

Title *: _____

Company/Affiliation*: _____

Billing Address 1 *: _____

Billing Address2*: _____

City/State/Region*: _____

Country*: _____

Zip/Mail Code*: _____

Telephone* _____

Email:* _____

Attendee Information

REQUIRED IF DIFFERENT FROM PURCHSER/BILLING INFORMATION

Attendee First Name *: _____

Attendee Last Name *: _____

Attendee Title: _____

Attendee Address: _____

City/State/Region*: _____

Country*: _____

Zip/Mail Code*: _____

Telephone* _____

Email*: _____

Payment Information

Method*: VISA MASTER CARD AMEX CHECK

Name as it appears on credit Card*: _____

Credit Card #: _____ Expiry Date (MM/YY)*: _____ CVN #: _____

Tuition: \$1199.00 per person (\$999.00 if received by 02/01/2012) payable to MixZon Inc¹. Total (US \$)*: _____

¹ Tuition is not refundable if cancelled by applicant, however substitutions are encouraged. Space is limited and early registration is suggested.

* Required Fields