REGISTRATION FORM

1-DAY WORKSHOP ON SKIN CHARACTERISATION, APRIL 30, 2018 SAN DIEGO

Note that you can fill in this form using Adobe Acrobat Reader with editing enabled.

Title (Mr/Mrs/Miss/Ms/Dr/Prof/Other):	
First Name:	
Last Name:	
Organisation:	
Department:	
Address 1:	
Address 2:	
Post/Zip Code:	
Telephone:	
Fax:	
E-Mail:	
Special Requirements (Diet/Access/Other):	

Fees (please tick the appropriate box)		
Industrial	\$195	
Academic	\$170	
Student	\$75	

Fees include refreshments as stated in the program. Payment by bank transfer. Cancellations received in writing before the April 16 will be subject to a 25% administration charge. We regret that refunds cannot be made for cancellations received after this date.

Biox Bank Details		
Bank Name:	PNC	
Bank Address:	2050 York Rd Timonium Md 21093	
Account Name:	Specialty Therapy Equipment Inc	
Account Number:	5501312187	
SWIFT/BIC	PNCCUS33	
Domestic ACH #	054000030	
International Wire #	03000053	

Please e-mail or snail-mail the completed form to STE at the address below.

STE 8209 Rider Avenue Towson MD 21204-1946 USA



Telephone E-Mail: Web: +1 (410) 340-2124 gkramer@SkinTestEquip.com www.SkinTestEquip.com