

Workshop Registration FAX FORM

Fill out this form. Sign and fax to 505-944-2002.

Online Registration www.qualitynewmexico.org,
or call Alma if you have any questions, 505-944-2006,
alma@quality-newmexico.org



Training Workshop Title: _____

Company Name: _____
Contact Name: _____ Last Name: _____
Street Address: _____
City, State, & Zip: _____
Telephone: _____ Fax: _____
Email Address: _____
Credit Card Information: Name on Card: _____
AmEx <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>
Card Number: _____ Expiration Date: _____ (mm, yy)
CVV (last 3 digits on back of card): _____ Total Charges: _____
Signature: _____

Insert the name, title, and email of attendees:

Full Name	Title	Full Name	Title
1. _____	_____	6. _____	_____
Email: _____	_____	Email: _____	_____
2. _____	_____	7. _____	_____
Email: _____	_____	Email: _____	_____
3. _____	_____	8. _____	_____
Email: _____	_____	Email: _____	_____
4. _____	_____	9. _____	_____
Email: _____	_____	Email: _____	_____
5. _____	_____	10. _____	_____
Email: _____	_____	Email: _____	_____