



# Understanding New Mobile and Cellular Networks, Technologies and Services Seminar

## REGISTRATION FORM

<b>Seminar No. 03A-12</b>	<b>March 19 &amp; 20, 2012</b>	<b>Addison, Texas</b>
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**Register as a team and take advantage of the savings!**

<p><b>INDIVIDUAL REGISTRATION FEES</b></p> <p><input type="checkbox"/> Early (30 days prior): \$945/person</p> <p><input type="checkbox"/> Regular: \$995/person</p> <p>Full payment for early registrations must be received more than 30 days before the start of the seminar.</p>	<p style="text-align: center;"><b>TEAM REGISTRATION FEES</b></p> <p>The fee for the first team member is \$995. The fee for the second and each subsequent team member is \$795 per person. Early registration discounts do not apply.</p> <p>Total number of team members registering: _____. Total payment: \$_____</p> <p>Requires two or more people from the same company to register and pay at the same time. Team registrations are limited and cannot be canceled, refunded or rescheduled. Substitutions are allowed.</p>
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**Registrant's Information**

I'm part of a team registration

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Name: _____		
Title: _____			
Company: _____			
Address 1: _____			
Address 2: _____			City: _____
State/Province: _____		Zip/Postal Code: _____	Country: _____
Phone: _____		Fax: _____	
E-mail: _____			

**PAYMENT INFORMATION**

Charge to:  Visa    American Express    Discover    MasterCard

Name on card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Security Code \_\_\_\_\_ The Card Security Code is a 3 or 4 digit code embossed or imprinted on the reverse side of Visa, MasterCard, and Discover cards and on the front of American Express cards.

Signature (Required) \_\_\_\_\_

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ is enclosed. Please make checks payable to Alexander Resources.

**NOTE: Due to limited seating, registrations will not be confirmed until we receive your full payment.**

**REFUNDS:** With the exception of Team and transferred registrations (see below), we will refund your paid seminar registration fee only if we receive your written request more than 30 days before the start of the seminar. You will always receive a 100% refund if we cancel a seminar. We accept no liability for any other costs.

**TRANSFERS:** If we have seats available, you can transfer your paid registration to a later seminar at any time. Simply let us know which seminar you wish to transfer to and pay a \$300 transfer fee. Does not apply to team registrations.

**OUR GUARANTEE:** If, before the end of the first day of the seminar, you are not satisfied with the course, simply notify the instructor, return your materials, withdraw from the course, and receive a 100% refund. Guarantee does not apply to team registrations.

**QUESTIONS?** Call Carol Smyth at 972-818-8225 or e-mail: csmyth@alexanderresources.com

**Mail to:**  
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 Seminar Registration  
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 Addison, TX 75001  
 USA

**Fax to:** 214-432-6632

**Scan and email to:**  
 csmyth@alexanderresources.com

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# Understanding Mobile and Cellular Networks, Technologies and Services Seminar

## TEAM REGISTRATION FORM

Team No. ____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Name:	
Title:			
Company:			
Address 1:			
Address 2:		City:	
State/Province:		Zip/Postal Code:	Country:
Phone:		Fax:	
E-mail:			

Team No. ____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Name:	
Title:			
Company:			
Address 1:			
Address 2:		City:	
State/Province:		Zip/Postal Code:	Country:
Phone:		Fax:	
E-mail:			

Team No. ____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Name:	
Title:			
Company:			
Address 1:			
Address 2:		City:	
State/Province:		Zip/Postal Code:	Country:
Phone:		Fax:	
E-mail:			

Team No. ____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Name:	
Title:			
Company:			
Address 1:			
Address 2:		City:	
State/Province:		Zip/Postal Code:	Country:
Phone:		Fax:	
E-mail:			