



# Understanding RFID Systems, Technologies, Markets & Opportunities

## REGISTRATION FORM

Select <input checked="" type="checkbox"/> the seminar you wish to attend	Seminar Number	Dates	Location
	07B-06	July 11-12, 2006	Dallas, Texas, USA
	08B-06	August 15-16, 2006	Dallas, Texas, USA
	09B-06	September 12-13, 2006	Dallas, Texas, USA
	10B-06	October 17-18, 2006	Dallas, Texas, USA
	11B-06	November 14-15, 2006	Dallas, Texas, USA

### Register as a team and take advantage of the savings!

INDIVIDUAL REGISTRATION FEE	TEAM REGISTRATION FEE**
<input type="checkbox"/> Early (30 days prior): \$1,195/person*	First team member fee is \$1,295. The fee for the second and each subsequent team member is \$895/ per person.
<input type="checkbox"/> Regular: \$1,295/person	Total number of team members registering: _____. Total payment: \$_____
* Full payment for early registrations must be received more than 30 days before the start of the seminar.	** 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.

#### 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 \_\_\_\_\_

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

**Check #** \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ is enclosed.  
Full payment is due 30 days prior to the seminar. Please make checks payable to Alexander Resources.

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

**CANCELLATION POLICY:** With the exception of Team Registrations, which cannot be refunded, canceled, or rescheduled, we will refund your paid seminar registration fee if we receive your written request more than 30 days before the start of the seminar. Subsequent cancellations are liable for the full registration fee. Substitutions of participants are allowed at any time without penalty. Registration fees will be refunded should Alexander Resources cancel any seminar. We accept no liability for any other costs.

**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

**QUESTIONS?** Call 972-818-8225 or e-mail: [Seminars@AlexanderResources.com](mailto:Seminars@AlexanderResources.com)

**Mail to:**  
Alexander Resources  
Seminar Registration  
15455 Dallas Pkwy  
Suite 600  
Addison, TX 75001  
USA

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

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**CODE: B-05-25-2006**



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## 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:			