

Please provide the following information to register for a WMS Sales - tekmar® training session:
(Registration information can also be submitted online at www.wmssales.com)

Name: _____

Company Name: _____

Business Address: _____

Phone: _____ Fax: _____

E-mail address: _____

Please indicate the session to attend (select one):

<u>Date</u>	<u>Morning Session (7:30-11:00)</u>	<u>Afternoon Session (12:30 – 4:00)</u>
Tuesday, April 14, 2015:	_____ Kingston, NY	_____ Albany, NY
Wednesday, April 15, 2015:	_____ Utica, NY	_____ Syracuse, NY
Thursday, April 16, 2015:	_____ Rochester, NY	_____ Batavia, NY
Friday, April 17, 2015:	_____ Buffalo, NY	_____ Buffalo, NY

Keep in mind: The morning session starts with breakfast at 7:30 and training starts promptly at 8:00
The afternoon session starts with lunch at 12:30 and training starts promptly at 1:00

If additional employees from the same company and address will be attending, please provide:

Name	E-mail Address

Method of Payment (\$25 registration fee per person): Total # of people attending: _____
Total Amount paid: _____

_____ Check enclosed. Please make payable to **“WMS Sales, Inc.”**
Send to: WMS Sales, Inc., 9580 County Rd., Clarence Center, NY 14032 Attn: Shelly DiGiacomo

_____ Credit Card: _____ Visa _____ MasterCard
Name on Card: _____
Account Number: _____
Expiration Date (Month/Year): _____ CSV Code (if applicable): _____
Authorized Signature: _____

NOTE: Additional information regarding the training and directions to the seminars will be provided with the registration confirmation.
Questions? Please contact WMS Sales at the phone numbers listed above, or via e-mail to customerservice@wmssales.com