

STUDENT INFORMATION

FIRST/GIVEN NAME		MIDDLE	LAST/SURNAME	
ADDRESS 1				
ADDRESS 2				
CITY/TOWN			STATE/COUNTRY	ZIP/POSTAL CODE
PHONE	EMAIL/FAX		USERNAME <input type="checkbox"/> Professional Member	
EMPLOYER				

COURSE/EVENT INFORMATION (Fill out one form per course or event.)

UID No.	TITLE	DATES
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BILLING INFORMATION (If paying by credit card, the address below should be where your monthly statement is sent.)

FEE <small>(Select one.)</small> <input type="checkbox"/> Commercial <small>(For-profit)</small> <input type="checkbox"/> Non-profit <input type="checkbox"/> Other: _____ <small>(See the course description for prices.)</small>		PRICE _____ PRICE _____ PRICE _____			PAYMENT METHOD <small>(Select one.)</small> <input type="checkbox"/> Check <small>(Pay to the order of "Bioinformatics Org., Inc.")</small> <input type="checkbox"/> Credit card <small>(Visa/MC/AmEx)</small> <input type="checkbox"/> Purchase order <small>(A PO must be accompanied by an official company document.)</small>		CARD No. _____ <table border="1"> <tr> <td>BRAND</td> <td>EXPIRATION DATE</td> <td>SECURITY CODE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> PO No. _____		BRAND	EXPIRATION DATE	SECURITY CODE			
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PHONE			EMAIL/FAX											

Please send this document along with a check or commercial purchase order to:

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 Hudson, MA 01749
 USA

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