



Plexus Scientific Corporation
5510 Cherokee Avenue Suite 350
Alexandria, VA 22312
Fax: 703-845-8568

This form must be completed by all attendees for an upcoming training event. Once we received your payment, you will receive a confirmation email. If you are unable to send the registration form via email, you can complete a registration form and fax it to 703-845-8568. Please bring a copy of your completed registration form with you to the first class session.

If you wish to pay by check or purchase order, please complete page 2. If you wish to pay using a credit card, please complete page 3. If you wish to register more than one person for a training course, please complete pages 4 and 5 as needed.

Payment Instructions

(Please fill below form completely and e-mail to accounts-payable@plexsci.com to register for the class. Plexus Scientific accepts credit card payments (Visa & Mastercard). FYI, we process your credit card information at a secure website and we do not retain a copy of your credit card.

1. Required information for paying with credit card: credit card number, expiration date, amount to be charged to your credit card and remember to sign the form. We cannot process credit payment payments without an authorized signature. Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged. Plexus Scientific does not accept debit cards or check cards that require use of a personal identification number as a method of payment.
2. Address information is required for credit card payment as a means of verification. Failure to complete the address information including zip/postal code, may result in the payment not being accepted by your credit card institution.



PLEXUS SCIENTIFIC CORPORATION
NUCLEAR SERVICES DIVISION TRAINING
REGISTRATION FORM

5510 Cherokee Avenue Suite 350
Alexandria, VA 22312
Phone: 703-820-3339
Fax: 703-845-8568
www.plexsci.com

THIS FORM IS NOT A CONFIRMATION OF COURSE REGISTRATION, BUT TO RESERVE A PLACE IN A CLASS. YOU WILL RECEIVE CONFIRMATION OF COURSE ENROLLMENT FOLLOWING RECEIPT OF PAYMENT.

(PARTICIPANT) FIRST NAME: _____

(PARTICIPANT) LAST NAME: _____

RANK/TITLE: _____

AGENCY: _____

AGENCY ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

COURSE REQUESTED: _____

DATE: _____

FEE: \$ _____

PAYMENT INFORMATION... PREPAYMENT IS REQUIRED

**** THE FEES INCLUDE PARKING, MATERIALS, REGISTRATION AND TUITION.**

PURCHASE ORDER NO. _____

TOTAL DUE: ** \$ _____

Make Check Payable to: "PLEXUS SCIENTIFIC CORPORATION" and mail to:

5510 Cherokee Avenue, Suite 350

Alexandria, VA 22312

ATTN: TRAINING COORDINATOR

EMAIL FORM to: ACCOUNTS-PAYABLE@PLEXSCI.COM OR

FAX to: 703-845-8568



PLEXUS SCIENTIFIC CORPORATION
NUCLEAR SERVICES DIVISION TRAINING
REGISTRATION FORM

5510 Cherokee Avenue Suite 350
Alexandria, VA 22312
Phone: 703-820-3339
Fax: 703-845-8568
www.plexsci.com

THIS FORM IS NOT A CONFIRMATION OF COURSE REGISTRATION, BUT TO RESERVE A PLACE IN A CLASS. YOU WILL RECEIVE CONFIRMATION OF COURSE ENROLLMENT FOLLOWING RECEIPT OF PAYMENT.

(PARTICIPANT) FIRST NAME: _____

(PARTICIPANT) LAST NAME: _____

RANK/TITLE: _____

AGENCY: _____

AGENCY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

COURSE REQUESTED: _____

DATE: _____ FEE: \$ _____

PAYMENT INFORMATION... PREPAYMENT IS REQUIRED

**** THE FEES INCLUDE PARKING, MATERIALS, REGISTRATION AND TUITION.**

Charge my tuition to my credit card (TWO options:)

VISA MASTER CARD

EMAIL FORM to: ACCOUNTS-PAYABLE@PLEXSCI.COM
or FAX to: 703-845-8568

CARD NUMBER: _____ EXP. DATE: _____

CID NO. /THREE DIGIT SECURITY CODE: _____ TOTAL DUE: ** \$ _____

CARDHOLDER SIGNATURE: _____ DATE: _____

AGENCY/COMPANY:	_____
AGENCY ADDRESS:	_____
CITY:	_____
STATE:	_____
ZIP:	_____
PAYMENT POINT OF CONTACT:	_____
TELEPHONE:	_____
EMAIL:	_____

(PARTICIPANT) FIRST NAME:	_____
(PARTICIPANT) LAST NAME:	_____
RANK/TITLE:	_____
TELEPHONE:	_____
EMAIL:	_____

(PARTICIPANT) FIRST NAME:	_____
(PARTICIPANT) LAST NAME:	_____
RANK/TITLE:	_____
TELEPHONE:	_____
EMAIL:	_____

(PARTICIPANT) FIRST NAME:	_____
(PARTICIPANT) LAST NAME:	_____
RANK/TITLE:	_____
TELEPHONE:	_____
EMAIL:	_____

(PARTICIPANT) FIRST NAME: _____

(PARTICIPANT) LAST NAME: _____

RANK/TITLE: _____

TELEPHONE: _____

EMAIL: _____

(PARTICIPANT) FIRST NAME: _____

(PARTICIPANT) LAST NAME: _____

RANK/TITLE: _____

TELEPHONE: _____

EMAIL: _____

(PARTICIPANT) FIRST NAME: _____

(PARTICIPANT) LAST NAME: _____

RANK/TITLE: _____

TELEPHONE: _____

EMAIL: _____

(PARTICIPANT) FIRST NAME: _____

(PARTICIPANT) LAST NAME: _____

RANK/TITLE: _____

TELEPHONE: _____

EMAIL: _____