



GxP Training Registration Form

Print This Form and Mail/Fax Along With Check/CC Information To:

**LifeCyte, Inc.
20 S. Dudley Street, Suite 900, Memphis, TN 38103
877-531-8003 office | 901-531-8001 fax | www.lifecyte.com**

Rates per Attendee				
		Early-bird	Group (3+)	Early/Group
Standard	\$1,790	\$1,590	\$1,520	\$1,350
Academic/Non-profit	\$1,590	\$1,390	\$1,350	\$1,180
For Onsite Training options, please call 1-877-531-8003				

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Course Name: _____

Course Date: _____

Location: _____

Number of Attendees: _____ Total Fee: _____

METHOD OF PAYMENT:

- Check is enclosed (LifeCyte, Inc.) Check Amount: _____ Check # _____
- Cash received by: _____ Date: _____
- Credit Card

Credit Card (circle one): Visa Master Card Discover American Express

Number: _____ Expiration Date: ____/____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Seating is limited. Registration will be based on a first-come, first served basis. A confirmation letter along with directions to the seminar will be provided at least one week prior to the training. Cancellations: A request to cancel must be made in writing at least seven (7) calendar days prior to the scheduled training in order to receive a refund, minus a \$150 administrative fee. LifeCyte, Inc. reserves the right to reschedule any course.