## **Seminar Registration Form**



International Trade Services

| Contact | Inf | orm. | ati∩n |
|---------|-----|------|-------|
| Contact |     |      | auvii |

Account Number\*: \_
Name on Card\*: \_\_\_
Special Instructions:

| Name*:                      |                               |                    | Title*:           |         |   |
|-----------------------------|-------------------------------|--------------------|-------------------|---------|---|
|                             |                               |                    |                   |         |   |
| Address*:                   |                               |                    |                   |         |   |
| City*:                      |                               |                    | State/Province*:_ |         |   |
| Zip/Postal Code*:           |                               |                    |                   |         |   |
| Phone*:                     | Fax:                          |                    | E-mail*:          |         |   |
| * Required field            |                               |                    |                   |         |   |
| Seminar Informatio          | n                             |                    |                   |         |   |
|                             |                               |                    |                   |         |   |
| Seminar Name(s)*:           |                               |                    | Seminar Date(s)*: | ·       |   |
| , ,                         |                               |                    | , ,               |         |   |
| Referred By:                |                               |                    |                   |         | _ |
| Additional Attendees        | S:                            |                    |                   |         | _ |
| * \$100 Cancellation fee if | notice is not received at lea | st 24 hours in adv | ance.             |         |   |
|                             |                               |                    |                   |         |   |
|                             |                               |                    |                   |         |   |
|                             |                               |                    |                   |         |   |
| Special Course              |                               |                    |                   |         |   |
| Customs Broker Exa          | m Course \$899 for            | 5 Full Days        |                   |         |   |
|                             |                               |                    |                   |         |   |
| Payment Information         | n                             |                    |                   |         |   |
| Payment Type:               | Master Card                   | Visa               | American Express  | Invoice |   |

Please fax completed form to us at 1-678-746-8260. If you have any questions, please call 1-678-746-7955 or e-mail us at <a href="mailto:lessmolen@ups-scs.com">lessmolen@ups-scs.com</a>. Please submit registration information at least 24 hours in advance of event. Connectivity information and materials will be sent to you prior to the actual event.

\*By entering your credit card information, you are authorizing UPS Trade Management Services, Inc. to charge your card for the amount noted.

Expiration Date:

By submitting this form, you acknowledge your agreement to and acceptance of UPS Trade Management Services, Inc.'s Consulting Services Terms and Conditions which are available upon request or on the Web at <a href="www.ups-scs.com/tools">www.ups-scs.com/tools</a>, and are incorporated by reference into this registration form UPS TradeSense<sup>TM</sup>, trade consulting, education, and managed services provided by UPS Trade Management Services, Inc.

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