



Passion. Power. Productivity.

TRAINING REGISTRATION FORM

Mass Spectrometry Technical Center

Today's Date: ___ / ___ / ___

REGISTRANT INFORMATION

Attendee's Last Name	First	Middle
Company Name	Phone	Fax
Mailing Address	Email address	
Billing Address	Please specify any food restrictions	

COURSE INFORMATION

Note: Register for up to 2 courses using this form

#1 Course Title:	Course date	Alternate course date
#2 Course Title:	Course date	Alternate course date

BILLING INFORMATION

Please remit Payment to: Dionex Corp, Training Dept 1214 Oakmead Parkway Sunnyvale, CA 94085 Attn: Ida Dandridge	Payment Type: <input type="checkbox"/> Purchase Order <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other	
Payment Number	Exp Date	Payment Amount
Name of Cardholder	Service contract no.	
Signed	Date	

TRAINING REGISTRATION FORM PROCESSING

Please Fax the Training Registration Form to the attention of Ida Dandridge. Also, contact her should you have any questions about Registration or Billing.

Ida Dandridge
Phone: 408.481.4263
Fax: 408.481.6508
Email: ida.dandridge@dionex.com

Dionex Corp. reserves the right to cancel or reschedule a training course two weeks prior to course date.