



## MASS SPECTROMETER-IRMS TRAINING COURSES

### Registration Form

Please complete one registration form for each attendee.

Attendee Name:		Title:	
Company Name:		Dept:	
Mailing Address:		Phone:	
		Fax:	
		E-mail:	
<i>Courses you wish to attend:</i>		<i>Location of Training Centre:</i>	
<input type="checkbox"/> EA-IRMS (2 days) Course dates: _____ <input type="checkbox"/> MASS SPECTROMETER – IRMS (3 days) Course dates: _____ <input type="checkbox"/> GC-IRMS (3 days) Course dates: _____		University of Ottawa, Earth Sciences G. G. Hatch Isotope Laboratories Marion Hall (Room 101) 140 Louis Pasteur Ottawa, Ontario, K1N 6N5 Canada <i>Instructor: Gilles St-Jean</i>	
<i>Method of payment:</i> <input type="checkbox"/> PO# <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA (Canada/USA only) <input type="checkbox"/> MASTERCARD* (Canada/USA only)			
Credit Card No: _____		Expiry Date: _____	Name on Card: _____
* If MasterCard - require Customer Code _____ (see additional numbers on back of card)			
<i>In order to help us identify your needs, please complete the following:</i>			
Instruments/peripherals you currently use:			
<input type="checkbox"/> Stable Isotope mass spectrometer(s) (Delta and/or 253 series)			
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
<input type="checkbox"/> EA-IRMS (EA and/or TC/EA)			
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
<input type="checkbox"/> GC-IRMS (GC and/or GC/TC)			
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
<input type="checkbox"/> Other (GasBench and/or PreCon, etc.)			
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
Make: _____ Model: _____		<input type="checkbox"/> New to instrument <input type="checkbox"/> Yrs. Experience: ____	
<i>Course information:</i>		<i>Contact information:</i>	
Course times are 9:00 am – 5:00 pm daily.  Lunch and snacks are provided. If you have any food allergies please let us know ASAP so that we can do our best to accommodate your needs.  Check-in time on the first day of your course is 9:00 am in Marion Hall Room 101 (no registration the night before).		Fax or email completed registration form to: <b>Att: Linda Gallagher, Training Coordinator</b> Isomass Scientific Inc. Calgary, Alberta T2H 3A9 Canada Ph: (403) 255-6631 Toll Free: 1-800-363-7823 Fax: (403) 255-6958 E-mail: <a href="mailto:linda.gallagher@isomass.com">linda.gallagher@isomass.com</a>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

**\*NOTE\*** In order to benefit from our courses, you MUST have a MINIMUM of three (3) MONTHS experience working with the instrument(s) for which you are applying for training.

#140, 5700 – 1 Street S.W., Calgary, AB T2H 3A9 . [isomass@isomass.com](mailto:isomass@isomass.com)

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