



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>Method of payment (NOTE: a separate billing form will be sent to you upon registration confirmation)</i>
<input type="checkbox"/> EA-IRMS (2 days) Course date: _____ <input type="checkbox"/> MASS SPECTROMETER – IRMS (3 days) Course date: _____ <input type="checkbox"/> GC-IRMS (3 days) Course date: _____	<input type="checkbox"/> P.O. # <input type="checkbox"/> VISA (Canada and USA only) <input type="checkbox"/> MASTERCARD (Canada and USA only) <input type="checkbox"/> THIRD PARTY _____ <input type="checkbox"/> OTHER _____
<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"/> Years Experience: _____ Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ <input type="checkbox"/> EA-IRMS (EA and/or TC/EA) Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ <input type="checkbox"/> GC-IRMS (GC-C and/or GC/TC) Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ <input type="checkbox"/> Other (GasBench and/or PreCon etc.) Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____ Make: _____ Model: _____ <input type="checkbox"/> New to instrument <input type="checkbox"/> Years Experience: _____	
<i>Location and time of course:</i>	<i>Contact information:</i>
University of Ottawa, Earth Sciences G. G. Hatch Isotope Laboratories Marion Hall (Room 101) 140 Louis Pasteur Ottawa, Ontario, K1N 6N5 Canada <i>Course times are 9:00 am – 5:00 pm daily. Lunch and snacks are provided. Check-in time on the first day 9:00 am in Marion Hall Room 101 (no registration the night before).</i>	Send completed registration form via email or fax to: Att: Sue McAuley, Training Coordinator Isomass Scientific Inc. 140, 5700 1 Street S.W. Calgary, Alberta T2H 3A9 Canada Ph: 1-800-363-7823 Fax: (403) 255-6958 E-mail: sue.mcauley@isomass.com

Name (Please Print)

Signature

Date