

MASS SPECTROMETER-IRMS TRAINING COURSES Registration Form

****Please complete one registration form for each attendee****

Attendee Name:		Title:		
Company Name (Bill to):		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, Ján Veizer Stable Isotope Laboratory Advanced Research Complex Building (ARC) 25 Templeton, Room 460 Ottawa, ON K1N 6N5 Canada <i>Instructor: Kerry Klassen</i>		
<i>Method of payment:</i>				
Payment Options:	<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:		
* Require CVV 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 the Advanced Research Complex Building (ARC), Room 460. (No registration the night before).		Fax or email completed registration form to: Att: Linda Gallagher, Office Administrator Isomass Scientific Inc. Calgary, Alberta T2G 5M2 Canada Ph: (403) 255-6631 Toll Free: 1-800-363-7823 Fax: (403) 255-6958 E-mail: linda.gallagher@isomass.com		

Signature

Name (Please Print)

Date