



TRAINING REGISTRATION

How to Register By Fax:

- 1) Print this page.
- 2) Fill out the Information (Please Print)
- 3) Fax to: (734) 761-4966

If you have any questions regarding registration please call us at (734) 761-4940

SEMINAR INFORMATION

SEMINAR TITLE(S):

- 1. _____
- 2. _____

SEMINAR DATE(S):

- 1. _____
- 2. _____

SEMINAR CITY, STATE:

ATTENDEE INFORMATION

<u>NAME</u>	<u>TITLE</u>	<u>EMAIL</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

DIETARY NEEDS (Please explain) _____

KEY CONTACT INFORMATION

This is the person to whom registration and hotel information should be sent. May be the same as an attendee above.

NAME: _____

JOB TITLE: _____

COMPANY: _____

ADDRESS 1: _____

ADDRESS 2: _____

Continued on next page...

Omnex Inc.

315 E. Eisenhower Parkway, Suite 214
 Ann Arbor, MI 48108
 Phone: (734) 761-4940
 Fax: (734) 761-4966
 Email: info@omnexus.com

CITY: _____ STATE: _____
ZIP CODE: _____ COUNTRY: _____
PHONE: (____) _____ - _____
FAX: (____) _____ - _____
EMAIL: _____

BILLING INFORMATION

- INVOICE ME/INVOICE MY COMPANY (PO# _____)
- CREDIT CARD - Someone will contact you for CC info.

BILLING CONTACT

- SAME AS KEY CONTACT ABOVE

NAME: _____
TITLE: _____
ADDRESS 1: _____
ADDRESS 2: _____
CITY: _____ STATE: _____
ZIP CODE: _____ COUNTRY: _____
PHONE: (____) _____ - _____
FAX: (____) _____ - _____
EMAIL: _____

THANK YOU!

We will not sell your name to any other company for marketing purposes. However, we would like to continue to send you updates on our new products and services as they are introduced. If you do not wish to receive any updates from us in the future, please email info@omnex.com with the word UNSUBMIT in the Subject.

If you wish to contact us for any reason, use the information below.

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