

# Tenth Antimicrobial Workshop

## June 12-13, 2012

Renaissance Arlington Capital View Hotel  
2800 South Potomac Avenue  
Arlington, VA 22202  
703-413-1300

### REGISTRATION FORM

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\_\_\_\_\_ I will attend the Tenth Antimicrobial Workshop (Registration Fee: \$595)

\_\_\_\_\_ I will also attend the complimentary Steptoe & Johnson program (June 13-14)

**Reception—5:00 p.m. to 6:30 p.m., Tuesday, June 12, 2012**

\_\_\_\_\_ Yes, I will attend the reception on the evening of Tuesday, June 12

\_\_\_\_\_ No, I will not attend the reception on the evening of Tuesday, June 12

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NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

*For Multiple Attendees, Please Duplicate This Form*

#### **METHOD OF PAYMENT**

\_\_\_\_\_ My check or money order is enclosed in the amount of \$\_\_\_\_\_.

\_\_\_\_\_ Please charge my credit card: \_\_\_\_\_ American Express \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Cancellation policy:** If you must cancel, a full refund will be issued provided ISSA receives written notification by May 29, 2012. After this date, no refunds will be issued. (We reserve the right to cancel this Program, in which case a full refund will be issued).

**PLEASE FORWARD YOUR REGISTRATION & PAYMENT TO:**

**ISSA**

7373 N. Lincoln Ave., Lincolnwood, IL 60712-1799 USA  
800-225-4772 (North America) or 847-982-0800 \* Fax: 847-982-1922  
E-mail: [tracy@issa.com](mailto:tracy@issa.com) \* Website: [www.issa.com](http://www.issa.com)

