# ACS Professional Education Registration Form

## Short Courses and Webcast Courses

**To register by fax:**
Complete this form including a valid credit card number or government training form and fax to 202-872-6336.

**To register by mail:**
Mail this form with a check to ACS Office of Professional Education,, 1155 16th St., NW, Washington, DC 20036.

**To register online:**
Visit our web site [www.proed.acs.org](http://www.proed.acs.org).

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<th>Course Code</th>
<th>Course Title</th>
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### Name

- [ ] Dr.  
- [ ] Mr.  
- [ ] Ms.  
- [ ] Mrs.  

Job Title ____________________________________________________________

Company/Organization ______________________________________________________________________________________

Mailing Address ____________________________________________________________________________________________

City, State, ZIP ___________________________________________________________________________________________

Preferred Phone __________________________ Email __________________________

- [ ] I am an ACS Member. My membership number is: __________________________
- [ ] I am not an ACS Member.

**How did you first hear about this course?** (check one)
- [ ] ACS web site
- [ ] online search engine
- [ ] ad in C&EN
- [ ] ACS technical division
- [ ] brochure in the mail
- [ ] email from ACS
- [ ] from another professional association
- [ ] from the instructor
- [ ] from a colleague
- [ ] don’t remember
- [ ] other: __________________________

**PAYMENT INFORMATION**

Prepayment is required for registration confirmation. Do not mail this form if fewer than two weeks remain before the course starting date. Instead, please call us at (800) 227-5558 ext. 4508 to confirm that space is available.

- [ ] Charge this credit card.

Card Type:
- [ ] VISA
- [ ] MasterCard
- [ ] American Express
- [ ] Discover

Card Number __________________________ Expiration Date ________ CVV code_______

Name of Cardholder ____________________________________________________________

Billing Address ________________________________________________________________

Billing City, State, Zip _________________________________________________________

Business Phone of Cardholder ___________________________________________________

Signature ________________________________________________________________

- [ ] Check Enclosed. Checks should be made payable to the American Chemical Society.

- [ ] Government training form enclosed. This option is available for federal or state government employees only.

We must receive a printed or faxed copy of your purchase order or training authorization form. Payment is expected prior to attending the short course.