



# REGISTRATION FORM

**ON THE WEB:** Register online at [www.bedbugseminars.com](http://www.bedbugseminars.com)

**BY FAX:** Complete form and fax, with credit card information, to 330.659.0823 (24 hours)

**BY PHONE:** Call 800.456.0707 and ask to register for the PCT Bed Bug Seminar (weekdays 9 a.m. – 5:00 p.m. EST)

**BY MAIL:** PCT Bed Bug Seminars, 4020 Kinross Lakes Parkway, Suite 201, Richfield, OH 44286

*Please note: Registrations will not be processed until payment information is received. All faxed and phone registration MUST include credit card information. There will be a \$25 fee for returned checks.*

**(Please print or type. Form may be photocopied for additional registrants; one form per person)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name as you would like it to appear on badge \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

For Continuing Education Credits, provide License/I.D./Certification # \_\_\_\_\_

\*check out [www.bedbugseminars.com](http://www.bedbugseminars.com) to review what states have approved this seminar for continuing education credits

How did you hear about this seminar? \_\_\_ Web site \_\_\_ Promotional Mail \_\_\_ Colleague \_\_\_ PCT Magazine \_\_\_ Sponsor Company

**REGISTRATION LOCATION** (please check one location)

**Tuesday, August 4, 2009** – Boston, Massachusetts (Hotel Location TBD)

**Tuesday, August 18, 2009** – Orlando, Florida. (Crowne Plaza Universal, 7800 Universal Blvd. Orlando, Florida 32819)

	NUMBER		TOTAL
Seminar Registration (1st person and/or only registrant)	_____	@ \$179	= \$ _____
Group Registration (2nd person; same company)	_____	@ \$159	= \$ _____
Group Registration (3 or more from same company)	_____	@ \$129 (per person)	= \$ _____
*On-Site Registration Fee ( <i>Less than 48 hrs prior to event date</i> )	_____	@ \$25 (per person)	= \$ _____
<b>GRAND TOTAL</b>			<b>\$ _____</b>

**ON SITE REGISTRATION FEE:**

*A \$25 per person fee will be added to all registrations on-site and received less than 48 hours prior to the seminar.*

**PAYMENT INFORMATION**

Checks: Make payable to GIE Media, Inc. (drawn from a U.S. Bank, in U.S. Dollars)

Purchase Order # \_\_\_\_\_

I authorize GIE Media, Inc. to charge my:  VISA  Mastercard  American Express  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ \*CSC# \_\_\_\_\_

Billing Address: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

\*CSC # = The Card Security Code is usually a 3- or 4- digit # found on the back of the Visa/MasterCard or front of the American Express credit card.

**CANCELLATION/SUBSTITUTION/REFUND POLICY/CONFIRMATIONS**

All cancellations must be made in writing and faxed or mailed. Voice mails and e-mails will not be accepted. A full refund will be issued if the cancellation notice is received 5 business days prior to the seminar. No refunds will be issued after that day or for no shows. Advance payment is required for all registrations. Attendees can notify PCT at any time that another individual will attend the seminar in their place. All registrations will be confirmed by email unless otherwise arranged. PCT reserves the right to cancel a program due to insufficient registration or instructor emergency. A full refund of registration fees will be issued if this occurs.

**Registration/Check in: 7:00 a.m.  
Seminar: 8:00 a.m. - 3:30 P.M.**