

Registration Form



PERSONAL INFORMATION

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

E-mail: _____

PAYMENT INFORMATION

Check-enclosed payable to: AIHER

Credit Card VISA Master Card

Account #: _____

Exp. Date: _____

Card Holders Name: _____

Signature: _____

To register by fax with a credit card, dial (714)464-4748. To register by mail, please complete the registration form and enclose your check or money order in the return envelope to AIHER at: **PMB 299, 4141 Ball Road, Cypress, CA 90630**. Onsite registration is permitted, however the course fee is \$100 more when registering onsite.

DUPLICATE FOR ADDITIONAL REGISTRANTS