

4th Annual RIT LSS Conference Registration Form

Name(s) of Attendees: _____

Company: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Cost: \$100 per person

Form of Payment:

Check made payable to "Rochester Institute of Technology"

Visa

MasterCard

Cardholder Name: _____

Card #: _____

Return Registration Form by:

Mail:

RIT/CQAS

LSS Conference Registration

Attn: Mary Bellanca

98 Lomb Memorial Dr.

Rochester, NY 14623-5604

Fax: 585-475-5959

Email: mary.bellanca@rit.edu