

Group Registration Form for the MRI 50th Anniversary Conference

- The Group Rate is \$399 per person
- In order to qualify for the Group Rate you must have 5 or more people attending
- Please have each member of your group complete a separate registration form and include payment in the same envelope
- Please mail your completed forms to: MRI 555 Middlefield Road, Palo Alto, CA 94301
- If you have any questions please call (650) 321-3055

First Name: _____

Middle Name: _____

Last Name: _____

Job Title: _____

Company/Organization: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Zipcode/Postal Code: _____ Country: _____

Telephone: _____

Email: _____

Method of Payment: _____ **Amount \$** _____

Check Enclosed – Payable to: MRI Training

Credit Card: Visa MasterCard

Credit Card Number _____ EXP. Date _____

Name on Card _____

Authorized Signature _____ Date _____