

Registration Form for the ASQ Rochester Section's 66th Annual Quality Conference

PREEMPTIVE QUALITY—Making Quality Happen Where It Really Counts, Wednesday 31 March, 2010

Rochester Riverside Convention Center (for directions find a link at <http://www.asqrs.org/conference.htm>)

Mr. / Mrs. / Ms. / Dr. ← Circle One Print Name	Title / Job Position	Company / Organization
Print Mailing Address—Street & No.	City / State / Zip Code	Phone: (____) _____ - _____ Night or Cell: (____) _____ - _____
Email Address (please Print) @	Vegetarian Meal (Put "X" in this box)	ASQ Member: YES NO Section Number:

PAYMENT OPTIONS: Early Bird Registration is \$165.00 through Friday, March 19, 2010. After 19 March Registration is \$200.00. There are no student discounts or group discounts. Payment cannot be accepted at the Door—all payments must be in advance. **Please** check below whether Payment is by Check, AMEX, VISA or MasterCard. Please print all information requested on this Registration and include all information requested below.

<input type="radio"/> COMPANY or PERSONAL CHECK	Please make check payable to: American Society for Quality Rochester Section	Check Amount: \$ _____ .
<input type="radio"/> AMERICAN EXPRESS CARD Expiration Date: _____	Credit Card Account Number: _____	Amount of Charge: \$ _____ .
<input type="radio"/> MASTER CARD Expiration Date: _____	Credit Card Account Number: _____	Amount of Charge: \$ _____ .
<input type="radio"/> VISA Expiration Date: _____	Credit Card Account Number: _____	Amount of Charge: \$ _____ .
Print Name on Credit Card:	Signature of Card Holder:	Three Digit Security Code on Card Back: _____
<input type="radio"/> If you require a separate Receipt, please check here Provide email address: →	Email Address for Receipt (please print clearly):	Mailing Address Below:
Registration includes Convention Center Parking—Bring your ticket in with you from your car, so we can Validate it at the Registration Table.	Paying by Credit Card? FAX this completed form to: (585) 453 – 4822 . Paying by Check? Mail this completed form with Check to: → → → → →	ASQRS Conference P. O. Box 26376 Rochester, NY 14626

No Registration is effective unless payment is included. Please FAX only once—call (585) 453-4783 if in doubt.

Please indicate your Conference Session Preferences in the chart below—see program at www.asqrs.org .

<input type="radio"/> Track 1, Session 1	<input type="radio"/> Track 2, Session 1	<input type="radio"/> Track 3, Session 1	<input type="radio"/> Track 4, Session 1	<input type="radio"/> Track 5, Session 1
<input type="radio"/> Track 1, Session 2	<input type="radio"/> Track 2, Session 2	<input type="radio"/> Track 3, Session 2	<input type="radio"/> Track 4, Session 2	<input type="radio"/> Track 5, Session 2
<input type="radio"/> Track 1, Session 3	<input type="radio"/> Track 2, Session 3	<input type="radio"/> Track 3, Session 3	<input type="radio"/> Track 4, Session 3	<input type="radio"/> Track 5, Session 3
<input type="radio"/> Track 1, Session 4	<input type="radio"/> Track 2, Session 4	<input type="radio"/> Track 3, Session 4	<input type="radio"/> Track 4, Session 4	<input type="radio"/> Track 5, Session 4