



IISE Seminar Registration Form for Alumni and Professionals

Please complete registration form, scan it and email to cs@iise.org.

PLEASE COMPLETE(print or type):

Course Name: _____

Course Date(s): _____

Location/School: _____ EC: _____

Last name: _____ First name: _____

IISE Member #: _____ Name for your badge for class: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This is my: ☐ Home Address ☐ Work Address Country: _____

Email: _____ Phone #: _____

GRAND TOTAL

Seminar(s) Program Fee \$ _____

Method of Payment:

☐ Check (made payable to IISE and attached to registration form)

☐ Master Card ☐ Visa ☐ American Express

Credit Card #: _____ Exp. Date: _____

Name of Cardholder: _____

Authorized Signature: _____