



Plexus Scientific Corporation
5510 Cherokee Avenue Suite 350
Alexandria, VA 22312
Fax: 703-845-8568

This form must be completed by all attendees for an upcoming training event. Once we received your payment, you will receive a confirmation email. If you are unable to send the registration form via email, you can complete a registration form and fax it to 703-845-8568. Please send an email to YaVonda Sheppard (email below) to notify her the fax was sent. For in-person courses, please bring a copy of your completed registration form with you to the first class session.

Payment Instructions

(Please fill below form completely and e-mail to
yavonda.sheppard@plexsci.com to register for the class.



PLEXUS SCIENTIFIC CORPORATION
NUCLEAR SOLUTIONS DIVISION TRAINING
REGISTRATION FORM

5510 Cherokee Avenue Suite 350

Alexandria, VA 22312

Phone: 703-820-3339

Fax: 703-845-8568

www.plexsci.com

THIS FORM IS NOT A CONFIRMATION OF COURSE REGISTRATION, BUT TO RESERVE A PLACE IN A CLASS. YOU WILL RECEIVE CONFIRMATION OF COURSE ENROLLMENT FOLLOWING RECEIPT OF PAYMENT.

(PAYMENT CONTACT) FIRST NAME: _____

(PAYMENT CONTACT) LAST NAME: _____

RANK/TITLE: _____

AGENCY: _____

AGENCY ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

COURSE REQUESTED: _____

DATE: _____

FEE: \$ _____

PAYMENT INFORMATION... PREPAYMENT IS REQUIRED

***** THE FEES INCLUDE PARKING, MATERIALS, REGISTRATION AND TUITION.***

PURCHASE ORDER NO. _____

TOTAL DUE: ** \$ _____

Make Check Payable to: "PLEXUS SCIENTIFIC CORPORATION" and mail to:

5510 Cherokee Avenue, Suite 350

Alexandria, VA 22312

ATTN: ACCOUNTING DEPARTMENT

EMAIL FORM to: yavonda.sheppard@plexsci.com OR

FAX to: 703-845-8568

(PARTICIPANT) FIRST NAME: _____

(PARTICIPANT) LAST NAME: _____

RANK/TITLE: _____

TELEPHONE: _____

EMAIL: _____

(PARTICIPANT) FIRST NAME: _____

(PARTICIPANT) LAST NAME: _____

RANK/TITLE: _____

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