## **STEM Recruitment Masterclass Registration Form**

**Email this form to:** 

support@impactevalexperts.org

**Questions:** Contact IEX at

support@impactevalexperts.org

Date of Training (fill in):

Purchasing Agent Contact Information (Please fill out this section completely)

Name	
School/Organization	
Billing Address	
<b>School Phone</b>	
Cell Number	
Email	
Job Title	

### See website for tuition fees.

Payment Terms: We do not accept purchase orders. Please note, if you are using this print order form (instead of registering online), we cannot reserve a space for you until the check (payment) has been received.

Attendee Information\* (Please enter all information below) What career pathway will you target? (1 per team)

Full Name (First, Last)	Email	Job Title/Department	Phone	FEE
Key Contact:				_
				_
				_
				_
				_
				_
				_
				_
				_
			FEE	

<sup>\*</sup>Attendee information can be filled out after registration.

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#### **Email this form to:**

support@impactevalexperts.org

Mail or fax this form to:

**BILLING INFORMATION** 

Name/Job Title

declined)

Phone

Cell Phone

City/State/Zip

Email (Required)

KGZ

402 Tideway Drive Alameda, CA 94501-3682 **Questions:** 

Contact IEX at support@impactevalexperts.org

\_\_\_ Check – Make check payable to Pât @ $^{\hat{A}}$ OåkÁQ ] æ\$oÁ BÁÒçæ† æ $_{\hat{A}}$ A $_{\hat{A}}$ O¢]  $^{\hat{A}}$ Co $_{\hat{A}}$ O¢]  $^{\hat{A}}$ O¢]

\_\_\_\_ Credit Card – Please complete Credit Card Billing Information Section at bottom of form.

School/Organization/Company/Department (Line 1)

School/Organization/Company/Department (Line 2)

Address (your billing address must match the address on your credit card statement or your credit card may be

### CREDIT CARD BILLING INFORMATION

MasterCard	Visa
Credit Card Number/Expiration Date	
CVN (3-Digit Card Verification # on	Back of Card)
Signature of Cardholder	
Is this a company card? If yes, please of company on card.	indicate name
SHIPPING INFORMATION (If different from billing)	
Name	
School/Organization/Company/Depa	rtment
Address	
Address	
City/State/Zip	

Mail this form to: ₾Ý, 402 Tideway Drive, Alameda, CA 94501-3682 **OR** email to support@impactevalexperts.org

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2 Page

Phone