



# 89<sup>TH</sup> SHOCK AND VIBRATION SYMPOSIUM GUEST PROGRAM REGISTRATION FORM



## REGISTRANT INFORMATION

GUEST NAME (FIRST AND LAST): \_\_\_\_\_

GUEST CELL PHONE NUMBER: \_\_\_\_\_  
*(TO BE USED BY HOST IN CASE OF CHANGES TO BUS PICKUP, TIME CHANGES, OR SEPARATION FROM GROUP)*

SYMPOSIUM ATTENDEE NAME: \_\_\_\_\_

## REGISTRATION OPTIONS

- \$ 75 TUESDAY, NOVEMBER 6: *BEST OF DALLAS & JFK ASSASSINATION TOUR*
- \$105 WEDNESDAY, NOVEMBER 7: *BEST OF FORTH WORTH & COWBOYS STADIUM*
- OR
- \$170 TWO-DAY PACKAGE

## PAYMENT INFORMATION

- CASH ON-SITE
- CHECK (PAYABLE TO HI-TEST LABORATORIES, PO BOX 165, ARVONIA, VA 23004)
- CREDIT CARD

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CID (3 OR 4 DIGIT): \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

OTHER (NOTE/INSTRUCTION): \_\_\_\_\_

## FOR USE BY SAVE STAFF ONLY:

- PAID       ADDED TO REG RECORD       BADGE INCLUSION       REG LIST