



Dose-Response Assessment Boot Camp® REGISTRATION FORM (please print)

Attendee Name: _____

Affiliation: _____

Address: _____

Phone: _____

Email: _____

Registration Course Fee: \$2300 General \$1800 State/Local/Tribal

Late Registration Fee: \$2500 General \$2000 State/Local/Tribal
if received after Aug. 24

Payment Method:

- Purchase order (government agencies only)
- Check (payable TERA, include attendee name in memo)

Credit Card: Visa MasterCard American Express

Card# _____

Expiration date: _____ Security No. _____

Name on card: _____

Signature: _____

Billing Address: _____

or same as above

Phone: _____

Cancellation/Substitution Policy

Cancellations made on or before July 22, 2018 will be issued a refund less a \$150 administrative fee per person | Cancellations received between July 25, 2018 and September 4, 2018 will be issued a 50% refund | No refunds will be issued after September 4, 2018.

Substitutions are allowed with a \$50 administrative fee per person, but must be made by Tuesday, September 4, 2018 | Requests for substitutions or cancellations must be made in writing, via email to Valerie Ayers at ayers@TERA.org.

I've read and understand TERA's cancellation policy MUST BE CHECKED FOR PROCESSING

MAIL TO: TERA | 1250 Ohio Pike, STE 197 | Cincinnati, Ohio 45102
or FAX TO: 513-488-1990 **or EMAIL TO:** ayers@tera.org