



AN OPUS COMPANY

47 Mall Drive, Suite 8 | 877 945 6442
Commack, NY 11725 | 631 421 2441 (fax)
us.autologic.com | ncts@autologic.com



NCTS 2018 Registration Form

August 16 – 19, 2018

COMPLETE THE FORM AND SUBMIT VIA EMAIL OR FAX

Email: ncts@autologic.com **Fax:** 631 421 2441

To participate in automatic billing please complete and sign the "Credit Card Information" section below. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and the total amount charged will appear on your monthly credit card statement. You may cancel the automatic billing authorization at any time by contacting us.

Customer Information

Company Name: _____ Tool Serial Number: _____ Phone: _____

Attendee Information

Name: _____ Email: _____

Room Option (Select One)

- \$1495** 1 Tech, 1 Room
- \$1195** Additional Tech (*max 3 people in 1 room*)
- \$695** Guest (*Welcome to all meals. Training not included.*)
- \$1195** 1 Tech with training (*Hotel not included.*)

Credit Card Information

I authorize **Autologic Diagnostics, Inc.** to automatically bill the card listed below:*

* First payment is made on the Registration Date

By making my selection below, I indicate my wish to:

Make Payments Pay in Full

Please complete all sections below:

Visa Master Card American Express Discover

Credit Card Number _____

CCV Code _____ Expiration _____

Cardholder's Name (*as shown on card*) _____

Billing Address _____

Customer Signature _____

Office Use Only

Amount \$ _____ Start _____ End _____