



**SCIP SW Ohio/SLA, Cincinnati Chapter Meeting
Wednesday, June 8, 2011
Registration Form**

(All payments must be the US dollar amount)

Please return to rreals@scip.org or
Mail to :

SCIP/1700 Diagonal Road, Suite 600, Alexandria, VA 22314

SCIP & SLA Members: \$10.00 Non Members: \$15.00

(Please Print)

Full Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Payment Information

Cash Check MasterCard American Express Visa

Print name as it appears on credit card: _____

Card Number: _____ ***Exp Date:*** ____ ***Security Code:*** ____

Signature: _____ ***Billing Zip Code:*** _____

If you are a non member would you be interested in learning about SCIP membership? Yes
No