

REGISTRATION FORM

Please send or fax this form, or e-mail the required information to register for 2008 Training Programs. Checks should be made payable to: Entertainment Equipment Corporation, or include your credit card information below.

I want to attend the following Training Program(s) - refer to Training Schedules, Page 7.

<u>PROGRAM(s)</u>	<u>DATE(s)</u>	<u>COST</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL COST	\$ _____

NAME _____

COMPANY/THEATRE _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

TELEPHONE () _____ FAX () _____

e-MAIL _____

VISA/MC # _____ EXP. DATE _____

AMEX # _____ EXP. DATE _____

NAME ON CARD _____

Return to: Entertainment Equipment Corporation, 712 Main Street, Buffalo, NY 14202.
Fax: 716-852-4330. e-mail: entequip@aol.com. For questions call: 800-448-1656.