



**ORDERS**  
888.849.0851  
**FAX**  
866.801.1447

**MARZANO RESEARCH LABORATORY**  
555 North Morton Street  
Bloomington, IN 47404

**marzanoresearch.com**

**MRL INET** Priority Code \_\_\_\_\_  
from print materials when available

	Dates	Location	Individual	Number of Registrants	Total
				<b>GRAND TOTAL</b>	\$

\*Team rate applies to 5 or more registering at the same time.

**REGISTRANT**

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

**BILL TO (if different)**

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

**ADDITIONAL REGISTRANTS**

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (required) \_\_\_\_\_

To register a group of 6 or more, visit [www.solution-tree.com/customer-service/event-registrations](http://www.solution-tree.com/customer-service/event-registrations) for a multiple registration form.

**METHOD OF PAYMENT**

Registrations will be processed and seats will be held after payment is received.

- Check enclosed (Payable to Marzano Research Laboratory)
- Purchase Order enclosed (We will process your registration when we receive your official purchase order and completed registration form. All purchase orders must note payment terms of net 30 days from the date of invoice.)

- Visa     MasterCard     Discover     American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**How did you hear about this event?**

- Catalog or flyer
  - Print ad
  - MRL website
  - Email
  - Online ad
  - Word of mouth
- Other (please specify): \_\_\_\_\_

If you send a substitute, please provide his or her name and send your request to [registration@marzanoresearch.com](mailto:registration@marzanoresearch.com) or fax to 866.801.1447. All cancellations must be in writing and sent to [registration@marzanoresearch.com](mailto:registration@marzanoresearch.com) or faxed to 866.801.1447. Cancellations more than 90 days prior require a \$75 processing fee per person. Cancellations between 10 and 90 days require half of the registration fee per person. There are no refunds for cancellations less than 10 days prior.