

Control of Biohazards Course Registration Form

April 16 through April 20, 2012, Hopkins' Mt. Washington Conference Center,
Baltimore, Maryland

Please mail remittance and completed registration before March 18, 2012 to:

BioControl, Inc.
8504 Southfields Circle
Lutherville, MD 21093-3979

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Area Code / Telephone Number: _____

Area Code / Fax Number: _____

Email Address: _____

Employer: _____

Job Title: _____

Check, credit card, or purchase order may accompany registration form to guarantee enrollment in the course. BioControl, Inc. Employee Identification Number (EIN) 52-1279079

\$2275 per person. Number of persons: _____

Make checks payable to: "Biohazards Course" or charge with a credit card:

VISA___ MASTER CARD___ AMEX___ charged to BioControl, Inc., c/o R. Gilpin, Limited

Card #: _____ Exp. Date: _____

Date of this registration: _____

For Further Information Contact

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Email: btepper1@verizon.net

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