

Lean Certificate Program

1) CHOOSE LOCATION:

Main Campus, Starkville, MS:

Session 1: Sept 2-3, 2008

Session 2: Oct 7-8, 2008

Session 3: Nov 4-5, 2008

Session 4: Dec 2-3, 2008

To be held at IOS

Thad Cochran Research Park

205 Research Blvd.

Starkville, MS 39759

OR

CAVS Extension, Canton, MS:

Session 1: Sept 9-10, 2008

Session 2: Oct 14-15, 2008

Session 3: Nov 12-13, 2008

Session 4: Dec 9-10, 2008

To be held at CAVS Extension

153 Mississippi Parkway

Canton, MS 39046

To reserve your spot(s) in the training, please provide a company PO number or credit card information below :

_____ attendees @ \$2400 each =
\$ _____ Total.

Credit Card or PO information will be held for total amount.

Company PO Number: _____

Credit Card Number: _____

Exp. Date: _____

Name on Card: _____

Phone Number: _____

Fax this completed form to 662.325.7844. Or if needed, call 662.325.0513 with payment information in order to secure your spot(s).

2) MAIN CONTACT INFORMATION:

Name _____

Company _____

Job Title _____

Address _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

3) LIST ATTENDEE (S):

Attendee 1: _____

Title: _____

Email: _____

Attendee 2: _____

Title: _____

Email: _____

Attendee 3: _____

Title: _____

Email: _____

Attendee 4: _____

Title: _____

Email: _____