



QMCP REGISTRATION FORM

Easy Ways to Register!

By mail:
222 Pitkin St
Suite 101
East Hartford, CT 16108

By Fax: (860) 831-1078
By phone: (860) 282-4299
By e-mail: emarinko@ccat.us

Title: QMCP 2011-2012

Full Name _____ Preferred First Name for Badge _____

Title _____ Company _____

Address _____ Mail Stop _____

City _____ State _____ Zip Code _____

Telephone _____ Ext. _____ Fax _____

E-mail Address _____

CQC Members: \$2995 Non Members: \$3295

Send your team & save: Send 2-3 & save 15% per person. Send 4 or more & save 20% per person

PAYMENT INFORMATION: QMCP Fee \$ _____

Check for the full amount enclosed (made payable to the Connecticut Quality Council - CCAT)

Please invoice my company to the attention of: _____

Payment must be received prior to start of program. Purchase Order # _____

Please charge my credit card (circle one): Amex Visa MasterCard

ACCOUNT NUMBER _____ EXP. DATE _____

Name and signature (required for credit card and/or Purchase Orders)

CANCELLATION POLICY: A refund will be issued for any cancellation received more than 10 business days prior to the start of the program. Substitute students (with valid registration forms) are welcome up through the first day of the course.