



Seminar Registration Form

Title of Seminar: _____

Date of Seminar: _____

Name: _____

Position: _____

Company Name: _____

Company Address: _____

Phone Number: _____

E-mail Address: _____

Type of Payment:

❖ **Invoice** - YES or NO

❖ **Check** - YES or NO

*10% discount for three or more attending from the same company

Contact DEMEP at 302-283-3131 or go to our Web site at www.demep.org for further information or to register.
Also, to register you can email / fax the Seminar Registration Form to events@demep.org / (302) 283-3137