ROLL-KRAFT

TUBE & PIPE MILL SEMINAR

Seminar Date: May 8, 2008

Company Name _____

Number of people attending _____ x $425.00 (USD) each = _____

Terms: Payment is required in full prior to seminar

If paying by company check, please mail payment with purchase order to:
Roll-Kraft, P.O. Box 74003, Cleveland, OH 44191-4003

If paying by credit card, please fill out the information below and fax to Roll-Kraft (440) 205-3110

Credit Card Type (Please Circle One) VISA MASTERCARD AMEX

Account # _____ Expiration Date: _____

V-Code: (3-digit ext. number on back of card – See signature line) _____

Billing Address – (Must match where credit card bill is mailed):

Address: _____

City: _____ State: _____ Zip: _____

Print Name: _____

Signature: _____

List of Attendees (PLEASE PRINT)

_____ _____

_____ _____

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