



2950 airway ave., unit d-1  
 costa mesa, ca 92626  
 (714) 540-2233 phn (714) 540-2244 fax  
 www.cuttingedgesystems.com

# REGISTRATION FORM

**LASER SEMINAR AND CORELDRAW CLINIC 2009**

**Friday, Sept. 11 - 5pm to 9pm**  
**Saturday, Sept. 12, 9am to 1pm**

Embassy Suites Santa Ana  
 1325 E. Dyer Rd.  
 Santa Ana, CA 92705  
 (714) 241-3800 phn

### INSTRUCTIONS:

- 1) Complete a separate form for each attendee.
- 2) Fax back to Cutting Edge Systems at (714) 540-2244.
- 3) Payment Methods -
  - a) Make payment check payable in full (\$125 /attendee) and send to:  
 Cutting Edge Systems, Inc.  
 2950 Airway Ave., Unit D-1  
 Costa Mesa, CA 92626
  - OR -
  - b) For payment by credit card, please fill in information below and fax or email.  
 Fax (714) 540-2244 Email: adarby@cuttingedgesystems.com
- 4) We will then fax or email back a confirmation number for each attendee so please make sure and include your fax no. and email address.
- 5) Reservations must be completed and paid in full by Monday, August 31, 2009.

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Industry:** \_\_\_\_\_

**Own A Laser? What Type?:** \_\_\_\_\_

### PAYMENT METHOD

**A) Credit Card#:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

(Visa or MC)

**Name on Card:** \_\_\_\_\_

**Zip Code (of Credit Card Billing Address):** \_\_\_\_\_

**B) Check No.:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Date Mailed:** \_\_\_\_\_

### To Be Completed By CES

**Payment Method/Date:** \_\_\_\_\_

**Confirmation No.:** \_\_\_\_\_