

Twenty-Fifth Annual Aseptic Processing and Packaging Workshop

Focus on the Present—Planning for the Future · May 12-15, 2008

Name _____

Title _____

Organization _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

E-mail _____

I am a: Food Chemist Food Engineer
 Food Microbiologist Plant Supervisor
 Plant Quality Staff Plant Operations Staff
 Salesperson Other _____

 I require auxiliary aids/services due to a disability.

Please contact me at the above address.

 I prefer a vegetarian meal.

Fees

Payment is required upon submission of registration. Enclosed is a check made payable to **Purdue University** for \$1,495. I will be using a company purchase order.

PO Number _____

 Please charge to my: VISA American Express
 Discover MasterCard

Card Number _____

Expiration Date _____

Authorized Signature _____

Please mail or fax your registration to:

CEC Business Services

Purdue University

Stewart Center, Room 110

128 Memorial Mall

West Lafayette, IN 47907-2034

Fax: (765) 494-0567

Please photocopy this form for additional registrants.