

Blaise® Training Order Form

Mail order form and payment to:

Blaise Services at Westat - RW 4688
 1650 Research Boulevard
 Rockville, MD 20850 USA
 Fax: (301) 517-4053
 E-mail: Blaise@Westat.com

Name: _____

Organization Name: _____

Street Address: _____

City/State/ZIP Code: _____

Phone: _____

Fax: _____

E-mail: _____

Blaise Course Description		Course Cost Per Person		
Basic Blaise Training, 3-day training course at Westat		\$1,500.00		
Maniplus Training, 2-day training course at Westat		\$1,000.00		
Blaise Special Topics, 2-day training course at Westat		\$1,000.00		
Blaise IS Training, 2-day training course at Westat		\$1,000.00		
Other				
Participant Name	Email Address	Course	Date(s)	Cost
		<input type="checkbox"/> Blaise <input type="checkbox"/> Maniplus <input type="checkbox"/> Sp. Topics <input type="checkbox"/> IS <input type="checkbox"/> Other		
		<input type="checkbox"/> Blaise <input type="checkbox"/> Maniplus <input type="checkbox"/> Sp. Topics <input type="checkbox"/> IS <input type="checkbox"/> Other		
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		<input type="checkbox"/> Blaise <input type="checkbox"/> Maniplus <input type="checkbox"/> Sp. Topics <input type="checkbox"/> IS <input type="checkbox"/> Other		
Total Cost				

Payment Information

Payment Method:(please check one)

Check or Money Order payable to **Westat**

Purchase Order P.O. Number: _____

Credit Card (select one): Master Card VISA American Express

Credit Card Information

_____-_____-_____-_____-_____-_____-

Expiration Date ____/____/____
 Month / Year

 Name on Card

 Signature

Cancellation Policy

Registrants who need to cancel their training class must do so by letter or email (blaise@westat.com with subject "Blaise Training--Cancel") at least 7 business days in advance of the first training date in order to receive a full reimbursement. You may transfer your registration to a colleague in your organization at any time. Please notify Westat of any such substitutions as soon as possible. Late cancellations may be billed at the full registration fee.

(Please retain a copy of this form for your records)