

# 2009 OnBase® Workflow Administration Training

## Registration Form

February 2-5, 2009  
East Lansing, MI



### Contact Information

Please only 1 person per form. Reprint blank forms for additional persons.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax)

Email: \_\_\_\_\_ Preferred Method of Contact (Circle): Phone Email

### OnBase Background

Industry: \_\_\_\_\_ Experience with OnBase: \_\_\_\_\_ Years \_\_\_\_\_ Months

Role You Have with OnBase: \_\_\_\_\_

Reason for participating in training: \_\_\_\_\_

Have you participated in an OnBase training in the past? YES NO If Yes, Which One(s) \_\_\_\_\_

### Payment

Registration Type: \_\_\_\_\_ **Early Bird** (Payment Received by January 16, 2009) \$1,800/person

\_\_\_\_\_ **Regular** (Payment Received January 17 to Feb 2, 2009) \$2,000/person

\_\_\_\_\_ **Group** (Register and pay for 3 or more from your company by January 23) \$1,700/person  
(please fill out separate forms for additional coworkers, you only need fill out  
payment information on one form)

**Cancellation Policy:** All cancellations must be made in writing and emailed to [marketing@imagesoftinc.com](mailto:marketing@imagesoftinc.com). All cancellations made by January 16, 2009 5:00PM EST will be refunded 100% within 7 business days. Cancellations made between January 17-24, 2009 5:00PM EST will be refunded minus a \$200 service fee./per registration within 7 business days. Cancellations made after January 24, 2009 5:00PM EST will not receive a refund.

Payment type: \_\_\_\_\_ Check (Enclosed: Made Payable to ImageSoft, Inc.) \_\_\_\_\_ Credit Card Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_ Use same contact info above as billing address? YES NO

Billing Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

**Please return form to: (By Mail): ImageSoft, Inc. Attn: Marketing, 40 Oak Hollow, Suite 120, Southfield, MI 48033**

**(By Fax): 248.948.8146, Attn: Marketing (By Email): [marketing@imagesoftinc.com](mailto:marketing@imagesoftinc.com)**