

## HANDS-ON PHARMACEUTICAL MICROBIOLOGY FOR THE NON-MICROBIOLOGIST PROGRAM - One-Week Program

**SESSION 1:** May 16-20, 2011

**REGISTRATION FEE:** ~~\$4,495.00~~ Now **\$3,995** U.S. Dollars

### PROGRAM DETAILS:

Unlike other programs, this program offers hands-on experiences, as well as lecture, in Microbiology for those that work with the entire production delivery process, but may not be aware of the microbiological challenges that are present in daily operations.

**LOCATION:** The program is held at:

Johnston Community College Workforce Development Center  
135 Bestwood Drive  
Clayton, NC 27520  
Tele: 919.209.2591

### HOW TO REGISTER:

**Via Fax:** Print and complete this form and fax to: **949.215.3657**

**Via Scan:** Print, complete and scan this form and email to: **ggardner@aseptictraining.com**

**Via Mail:** Complete this form and mail with payment (check written to **Aseptic Training Institute**) to:

Aseptic Training Institute, LLC  
PO Box 219  
El Granada, CA 94018

**Questions?** Please contact Aseptic Training Institute, LLC at: **949.716.8414** or e-mail: **ggardner@aseptictraining.com**

**Please note** that registration fees include: course registration/material, continental breakfast, break refreshments, lunches and internet connectivity at the facility. Airfare, hotel accommodations, rental cars, meals (except listed above) and other fees are **not** included in course registration. Cost of course is refundable if cancellation is received at least 14 days prior to start of course. Otherwise, if less than 14 days prior to the start of the course, you can reschedule or send a replacement.

### PLEASE PRINT OR TYPE CLEARLY (\*Required)

Prefix*	_____	First Name	_____	Last Name	_____
Job Title*	_____	Special Meal	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten Free <input type="checkbox"/> Allergies		
Company*	_____	Meal Recommendations: _____			
Address 1	_____				
Address 2	_____				
City*	_____	State/Province:*	_____	Zip*:	_____
Country*	_____	Bus Fax:	_____	Bus Tele*:	_____
e-Mail Address*	_____	Emergency Contact/Number*: _____			

### ABOUT YOU (Please select what best describes your experiences (current and/or past); you may select more than one):

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Microbiologist | <input type="checkbox"/> Validation            | <input type="checkbox"/> Facilities  | <input type="checkbox"/> Govt/ Branch _____ |
| <input type="checkbox"/> QA/QC          | <input type="checkbox"/> Fill Manager/Operator | <input type="checkbox"/> Engineering | <input type="checkbox"/> Other _____        |

**PAYMENT METHOD** (Registration only accepted with payment in US DOLLARS); paid registration is allowed a substitution; please provide substitution prior to start of registered course). All cards are charged in **US Dollars**.

**CHECK** Enclosed Payable to **Aseptic Training Institute, LLC** ✓# \_\_\_\_\_ Amount of: \$ \_\_\_\_\_

**BILL Credit Card (Check One)** ☐ American Express ☐ MasterCard ☐ Visa Total Amount \$ \_\_\_\_\_ **USD**

**Billing address** (if different f above) \_\_\_\_\_

**Card Number** \_\_\_\_\_

**Card Verification #/expy** \_\_\_\_\_

**Name (exactly as on card)** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

**Email Address of Cardholder for payment/receipt information** \_\_\_\_\_