



GROUP DISCOUNT REGISTRATION FORM

Call: (+1) 408-493-5172
(weekdays, 9:00am – 5:30pm PST)

Fax to: (+1) 408-493-5173

Mail to: **ALG Associates**
12155 Mount Hamilton Road, Mount Hamilton, CA 95140. USA

GROUP DISCOUNTED CONFERENCE REGISTRATION FEE (Register FIVE people and pay for FOUR)	On or Before 1/31/2009: \$4,380.00 From 2/1/2009: \$5,180.00
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Registrant #1:
 NAME: **Mr./Mrs./Ms.** _____
 TITLE: _____
 COMPANY: _____
 DIVISION/DEPT: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____ COUNTRY: _____
 PHONE: _____ FAX: _____
 E-MAIL: _____

Please Check All Appropriate Boxes

PRE-CONFERENCE WORKSHOPS: March 10th 2009
Register For 2 Workshops And Receive 25% Discount!! (Applies to Workshops Only.)

<i>9:00am – 12:00pm:</i> DERIVING CUSTOMER INSIGHTS THROUGH TEXT MINING REPAIR NOTES	\$375	<input type="checkbox"/>
SERVICE CONTRACT RISK MANAGEMENT: RISK STRUCTURE OPTIONS AND THEIR VISIBLE AND HIDDEN COSTS	\$375	<input type="checkbox"/>
MINIMIZING WARRANTY COSTS THROUGH SERVICE DELIVERY OPTIMIZATION AND DESIGNING PRODUCTS FOR SERVICEABILITY	\$375	<input type="checkbox"/>
<i>1:00pm – 4:00pm:</i>		
WARRANTY ANALYTICS AND REPORTING: HOW ‘REAL’ IS YOUR REAL WARRANTY SITUATION?	\$375	<input type="checkbox"/>
WARRANTY CHAIN MANAGEMENT BENCHMARKING AND VALUE ASSESSMENT	\$375	<input type="checkbox"/>

Networking Opportunities:
 Will you attend the Welcome Reception Drinks on the evening of Tuesday, March 10th 2009 and the Networking Cocktail Evening on the evening of Wednesday, March 11th 2009?

YES NO

Contact:

ALG Associates LLC is committed to protecting your personal information. Sponsors may wish to contact you with details of promotional offers. Please indicate whether you agree for your contact details to be released to Sponsors exclusively, and how you wish to be contacted:

YES NO BY MAIL BY e-MAIL BY TELEPHONE

Registrant #2:

NAME: **Mr./Mrs./Ms.** _____

TITLE: _____

COMPANY: _____

DIVISION/DEPT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

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MINIMIZING WARRANTY COSTS THROUGH SERVICE DELIVERY OPTIMIZATION AND DESIGNING PRODUCTS FOR SERVICEABILITY \$375

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Registrant #3:NAME: **Mr./Mrs./Ms.** _____

TITLE: _____

COMPANY: _____

DIVISION/DEPT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

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Registrant #4:NAME: **Mr./Mrs./Ms.** _____

TITLE: _____

COMPANY: _____

DIVISION/DEPT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

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YES NO BY MAIL BY e-MAIL BY TELEPHONE **Registrant #5:**NAME: **Mr./Mrs./Ms.** _____

TITLE: _____

COMPANY: _____

DIVISION/DEPT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

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Payment Information:

- Check enclosed, payable to ALG Associates, LLC.
Mail to: 12155 Mount Hamilton Road, Mount Hamilton, CA 95140. USA
 - Please bill my company. Purchase Order No: _____
 - Please bill my VISA MasterCard AMEX
- CARD NO: _____
- EXP. DATE: _____ CARD VERIFICATION NUMBER *: _____
- NAME AS IT APPEARS ON CARD: _____
- BILLING ADDRESS: _____

* CARD VERIFICATION NUMBER – additional 3 digits printed on the back of Visa & Mastercard or 4 digits printed on front of American Express cards.

Payment Policy:

Registration is not complete until full payment has been received. Payments not received by March 10th 2009 will result in no admittance of the person(s) to the conference and workshops. Payment may be made by Check, Visa, MasterCard or American Express with the submission of a completed registration form. A processing fee of \$25 will be charged for returned checks and the registration will be cancelled automatically. Substitutions for registered attendees may be made at any time by contacting the WCM Registrar at registration@algassociates.com.

