

**HILTON HEAD Workshop  
Technical Digest Order Form**

**PLEASE PRINT OR TYPE USING ALL CAPITAL LETTERS**

Mr. ☐ Ms. ☐ Dr. ☐

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

INSTITUTION/COMPANY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DIVISION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVENCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

Technical Digest and CD ROM 2002	( _____ @ \$140.00 each)	\$ _____
Technical Digest and CD ROM 2000	( _____ @ \$125.00 each)	\$ _____
Technical Digest 1998	( _____ @ \$125.00 each)	\$ _____
Technical Digest 1996 CD ROM Only	( _____ @ \$ 50.00 each)	\$ _____
Technical Digest 1994	( _____ @ \$ 85.00 each)	\$ _____
Technical Digest 1992	( _____ @ \$ 85.00 each)	\$ _____
Technical Digest 1990	( _____ @ \$ 85.00 each)	\$ _____
Shipping per digest (USA \$10/EUROPE \$30/PACIFIC RIM \$35)		\$ _____
	TOTAL	\$ _____

**FORM OF PAYMENT**

☐ Check ☐ Mastercard ☐ Visa ☐ Bankwire

CHECK/MONEY ORDER # \_\_\_\_\_ (U.S. Dollars only - made payable to Transducers Research Foundation)

Name on card \_\_\_\_\_

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

Expiration Date \_\_\_\_ / \_\_\_\_ (MM/YY) Verification code \_\_\_\_\_ (3-4 digit code on signature line)

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Note: Technical Digest will be mailed upon receipt of payment. Credit card charges will appear on your statement from Preferred Meeting Management, Inc. A receipt will be included with your order.**

Please complete, fax with credit card number or mail this form with your check or money order payable to:

Transducers Research Foundation, Hilton Head workshop, ■

c/o Preferred Meeting Management, Inc. 2320 6<sup>th</sup> Avenue San Diego, CA 92101-1643, USA

Phone: 1-619-232-9499 ■ Fax: 1-619-232-0799 ■ E-Mail: pgrant@pmmiconferences.com