

**2009 Cleveland ASME Seminar Series Registration Form**



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

e-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Name of Course: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send to:

ASME Cleveland Section, c/o Steve Weiler  
P.O. Box 593,  
Berea, OH 44017

Questions? Call Mike Sturdevant: (440) 352-8970