

REGISTRATION

Please register me in the **GEAR DYNAMICS AND GEAR NOISE SHORT COURSE**
June 5 – 8, 2023 (Monday – Thursday)

(please type or print)

Name:

First

(Middle)

Last

Name for badge:

Company:

Position:

Address:

City

State

Zip Code

Country

E-mail:

Work Phone:

Cell Phone:

**How did you
hear about us?**

Please register me for:

\$2,675 per person – early bird rate (valid until March 6, 2023)

\$2,875 per person – regular rate (from March 7, 2023)

Special meals requested or dietary restriction (please specify) _____

Payment of \$ _____ will be paid by:

Check (payable to NVH & Gear Education)

Major Credit Card (See next page; information needed is also posted on the web site)

***Note that we can NOT accept a purchase order.
Additional charges apply for invoicing, wire transfer, etc.***

Case History Workshop: I would be interested in speaking briefly on the following problem or topic in the workshop on Day 3.

Please send this form (and credit card information) to:

Prof. Raj Singh via email at (singh.3@osu.edu or singh@nvhgear.org)

Mail the check to: NVH & Gear Education, PO Box 3201, Dublin, OH 43016, USA

PAYMENT USING CREDIT CARD FOR GEAR DYNAMIC AND GEAR NOISE SHORT COURSE JUNE 5 – 8, 2023

— Course Fee: \$2,675 per person – early bird rate (valid until March 6, 2023)

— Course Fee: \$2,875 per person – regular rate (from March 7, 2023)

Notes:

1. Additional charges apply for other requests such as invoicing, wire transfer, etc.
2. Purchase orders are not accepted.
3. Please contact Prof. Singh if there are any questions re alternate payment methods.

Information needed for the credit card transaction

Card type (select one): _____ Visa _____ MasterCard or _____ American Express

Account number: _____

Expiration date: _____ Month _____ Year

Card Verification Code: _____

The Card Verification Code (CVC 2, CVV2 or CID): a three-digit number located on the back of Visa or MasterCard cards; four-digit number on the front of American Express cards.

Cardholder (or Company) Name: _____

Cardholder's Phone Used for the Card: _____

Cardholder's Address: _____ (number and street)
_____ (city), _____ (state), _____ (zip), _____ (country)

- Amount to charge: _____ (in US Dollars)
- Name(s) of course registrant(s) covering this charge: _____

Email address for sending the transaction receipt: _____

Person completing the information (if different from above): _____

Date: _____ Signature: _____