

**To register, complete this form and mail or fax to:**

**Source Signal Imaging, Inc.  
2323 Broadway #102  
San Diego CA 92102-1946 USA  
(voice/fax) +1.619.234.9935**

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**or  
email completed form (as an attachment) to:**

**[workshops@sourcesignal.com](mailto:workshops@sourcesignal.com)**

<b>EMSE Workshop Registration Form</b>			
Name:			
Institution/Affiliation:			
Mailing Address:			
Email address:			
Phone:		Fax:	
<input type="checkbox"/> I have enclosed a check (payable to Source Signal Imaging, Inc.) for \$75.00 (USD). <input type="checkbox"/> I have paid by credit card. <input type="checkbox"/> I will pay by check or cash on registration day.			