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Authorizing Manager

Full Name: _____ Title: _____

Company: _____

Address: _____ City: _____ State: _____ IPC/Zip: _____

Email: _____ Phone: _____ Fax: _____

Attendee #1

Full Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Attendee #2

Full Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Attendee #3

Full Name: _____ Title: _____

Email: _____ Phone: _____

Attendee #4 (FREE)

Full Name: _____ Title: _____

Email: _____ Phone: _____

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