

## Client Registration Form

\* mandatory fields

<b>Client Detail</b>			
Primary Contact:*	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____
	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof	First Name	Last Name
Business Name: *	_____		
Business Address: *	_____		
	_____		
Phone: *	_____	Email: *	_____ Fax: _____
<b>Names of Submitters:</b>			
<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____	_____
<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof	First Name	Last Name	E-mail
<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____	_____
<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof	First Name	Last name	Email
<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____	_____
<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof	First Name	Last Name	Email
<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____	_____
<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof	First Name	Last Name	Email
Preferred Reporting Method: *	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail

<b>Billing Details:</b> <i>(please provide preferred billing method; leave blank for other fields if same as above)</i>			
Billing Contact:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	_____	_____
	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof	First Name	Last Name
Company Name:	_____		
Billing Address:	_____		
	_____		
Phone: *	_____	Email: *	_____ Fax: _____
Preferred Billing Method: *	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail <i>(default is by Mail if not selected)</i>

Signature

Name

Date