

**Seifer Quality Institute of Long Island
Registration Form**

Fall Semester Year: _____

Spring Semester Year: _____

Name: _____

Title: _____

Company: _____

Work address: _____

City: _____ State: _____ Zip: _____

Work phone: (____) _____

Work email: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____

Home email address: _____

ASQ Member No Yes ASQ Member Number: _____

Course Selection:

Please enroll me in these courses: _____

Two alternate courses of interest: _____

Method of Payment:

Checks and Money Orders:

Please make payable to ASQ Long Island Section and Mail to:

ASQ LI
C/O Phil Cate
141 Stackyard Drive
Mastic Beach, NY 11951

Online at www.asqlongisland.org:

Instructions will be posted on website at later date.