

## **I2AT SEM Workshop Registration Form**

**Workshop Title:** I2AT Hands-On SEM Workshop

**Date:** Monday, March 18<sup>th</sup> and Tuesday, March 19<sup>th</sup>

**Location:** 301 Research Blvd, Starkville, MS 39759

**Time:** 9:00 a.m. -5:00 p.m.

### **Participant Information**

1. **Full Name:** \_\_\_\_\_
2. **Email Address:** \_\_\_\_\_
3. **Phone Number:** \_\_\_\_\_
4. **Company/Organization (if applicable):** \_\_\_\_\_
5. **Job Title:** \_\_\_\_\_
6. **Experience Level in SEM:** Beginner / Intermediate / Advanced
7. **What specific topics are you interested in?**  
\_\_\_\_\_

### **Payment Information**

8. **Workshop Fee:** \$1000
9. **Payment Method:**
  - Credit Card (link will be sent for payment)
  - Check (Send checks to: Attn: I2AT Business, Institute for Imaging & Analytical Technologies PO Box 6020 Mississippi State, MS 39762)
10. **Do you have any dietary restrictions?**  
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**Please Email the registration form to [Research@i2at.msstate.edu](mailto:Research@i2at.msstate.edu)**