

# Power Transformers and Fluid Diagnostics

June 8-11, 2009  
San Francisco, CA

**REGISTRATION:** Power Transformer Seminar \$995, Fluid Diagnostics Seminar \$245, Both Courses \$1150. After May 8: Power Transformer Seminar \$1045, Fluid Diagnostics Seminar \$295, Both Courses \$1270.

**PROCEEDINGS:**

The proceedings of the course will be published and one copy will be distributed to each registrant at the seminar.

**CONTINUING EDUCATION CREDITS:**

IEEE CEUs and NETA CTDs will be available to course attendees at no extra cost.

**COURSE LOCATION:** Argonaut Hotel, 495 Jefferson Street, San Francisco, CA 94109 - Tel: 866-415-0704  
www.argonauthotel.com

**BONUS:** Register 3, Send 4th FREE!!  
Any organization wishing to send multiple attendees may send 1 FREE for every 3 registrations.

**REGISTRATION INFORMATION**

For registration, call 916-455-2284 or fax the Registration Form to 916-455-0191 Attention: Sybil Jakob. Online registration is available at www.weidmann-diagnostics.com.

<b>MAIL DIRECTLY TO:</b> Weidmann Diagnostic Solutions Inc. Attention: Sybil Jakob 4011 Power Inn Road Sacramento, CA 95826	<b>FAX TO:</b> 916-455-0191	<b>PHONE:</b> 916-455-2284
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## PLEASE REGISTER THE FOLLOWING

Power Transformer Seminar \$995, Fluid Diagnostics Seminar \$245, Both Courses \$1150.  
After May 8: Power Transformer Seminar \$1045, Fluid Diagnostics Seminar \$295, Both Courses \$1270.  
Cost Includes all Course Materials, Lunches and Breaks.

For every 3 registered attendees from your company, the 4th registration is FREE.

How did you hear about this event: (Direct email, Colleague, Speaker(s), etc.) \_\_\_\_\_

Name \_\_\_\_\_ Name Preferred for Badge \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

My Spouse/Companion will accompany me. Name of Spouse/Companion: \_\_\_\_\_

I am interested in participating in the Delta Star Tour.

My Spouse/Companion is interested in participating in the Delta Star Tour.

My Spouse/Companion is interested in a Companion Activity.

## PAYMENT METHOD

Please charge my credit card: Visa MC AMEX

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Or enclosed is a check for \$ \_\_\_\_\_ to cover \_\_\_\_\_ persons.

**Register Today! Call (916) 455-2284 or visit www.weidmann-diagnostics.com**