

Power Transformers and Fluid Diagnostics

May 17-20, 2010

Drury Plaza Hotel at the Arch
St. Louis Missouri

REGISTRATION: Power Transformer Seminar \$995, Fluid Diagnostics Seminar \$245, Both Courses \$1150. After April 16: 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: Drury Plaza Hotel, 2 South 4th Street, St. Louis, MO 63102 - Tel: 800-325-0720 - www.druryhotels.com - Group Code 2080522

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 802-751-3529 or fax the Registration Form to 802-751-3555 Attention: Dianna Dexter. Online registration is available at www.weidmann-electrical.com.

MAIL DIRECTLY TO:
Weidmann Diagnostic Solutions Inc.
Attention: Dianna Dexter
One Gordon Mills Way
St. Johnsbury, VT 05819-0799

FAX TO:
802-751-3555

PHONE:
802-751-3529

PLEASE REGISTER THE FOLLOWING

Power Transformer Seminar \$995, Fluid Diagnostics Seminar \$245, Both Courses \$1150.
After April 16: 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, 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 Tour.

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

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 +1 802 751 3529 or visit www.weidmann-electrical.com