

**THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
REQUEST FOR REGISTRATION PAYMENT INFORMATION**

1) Will you accept a purchase order in lieu of advance payment to register a participant?

_____NO*
*If no, go to number 3.

_____YES**
**If yes, please continue to number 2.

2) Please answer the following three questions:

- | | | |
|---|---------|----------|
| a) Is there a discount for prepayment? | _____NO | _____YES |
| b) Will you allow for substitution of participant? | _____NO | _____YES |
| c) Will you provide a 100% refund should the event be canceled? | _____NO | _____YES |

3) I certify this information is complete and accurate.

Printed Name

Signature

Title

Date

Company Name

Contact Number or Email Address

Please return this completed form to or call for questions:

Department: _____

Name: _____

Phone: _____

Fax: _____