



SEMINAR REGISTRATION FORM

Name of Seminar _____

Seminar Location _____

Date of Seminar _____

Your Name _____

Company Name _____

Company Address 1 _____

Company Address 2 _____

City, State Zip _____

Phone No. _____

Fax No. _____

E-mail _____

Number of Individuals Attending: _____

Your Company is (check one): Reseller / VAR ___ End User___ Manufacturer / OEM___

Please mail or fax this form to the following address/fax number:

WINNCOM TECHNOLOGIES, INC.
30700 CARTER ST., UNIT A
SOLON, Ohio 44139
Fax: 440-498-9511

**30700 Carter Street, Unit A • Solon, OH 44139
Phone: 440-498-9510 • Fax: 440-498-9511**