

Name \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Institutional Affiliation: \_\_\_\_\_  
Course Date: \_\_\_\_\_

Please mail form to:  
CEMS  
ATTN: NANCY  
4433 Byron Center SW  
STE B  
Wyoming, MI 49519  
363-2270

[acls.cems@yahoo.com](mailto:acls.cems@yahoo.com)

---