

# ISO 8000 Master Data Quality Manager Workshop

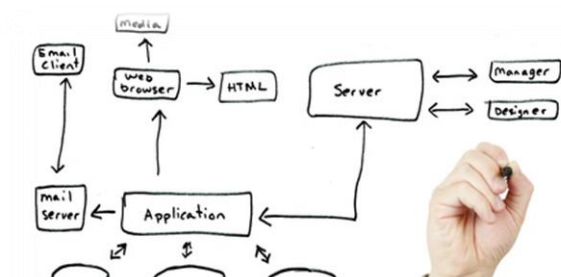
Travaasa Resort- Lone Star Room

Austin, Texas

Tuesday, October 22, 2013



## REGISTRATION FORM


☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr.

FAMILY NAME (Last name):

FIRST NAME:

COMPANY:

ADDRESS:

CITY:

STATE:

POSTAL CODE:

COUNTRY:

PHONE:

EMAIL:

WORKSHOP FEE		Price
<input type="checkbox"/> Charter Member Workshop Registration		\$88
<input type="checkbox"/> Full Member Workshop Registration		\$175
<input type="checkbox"/> Associate Member Workshop Registration		\$298
<input type="checkbox"/> Non-Member Workshop Registration		\$350
TOTAL WORKSHOP:		\$
ADDITIONAL: ISO 8000 MDQM™ (INDIVIDUAL) CERTIFICATE*		Price
<input type="checkbox"/> Charter Member Certificate		\$50
<input type="checkbox"/> Full Member Certificate		\$100
<input type="checkbox"/> Associate Member Certificate		\$170
<input type="checkbox"/> Non-Member Certificate		\$200
TOTAL MDQM CERT:		\$
GRAND TOTAL		\$

\*Note: The certificate is additional to the workshop fee. Once the workshop has concluded, attendees who have chosen to receive a certificate will be able to access an online quiz. Upon successful completion of the quiz, attendees will be certified as an ISO 8000 Master Data Quality Manager and will receive their certificate. The certificate is renewed yearly by completing a quiz.

**Timeline:** Tues 8am - 9am Breakfast & Registration  
 9am - 12pm Workshop  
 12pm - 1pm Lunch  
 1pm - 3pm Workshop & Certification

**PAYMENT**☐ **Check or Money Order**

Payable to ECCMA, checks must be in U.S. dollars drawn on a U.S. bank

☐ **Wire Transfer**

A \$25.00 wire fee will be included in the TOTAL AMOUNT. ECCMA will provide bank information.

☐ **Credit Card:** ☐ VISA ☐ MasterCard ☐ American ExpressCard number:  Expiry date: Cardholder's name:  Signature: **Billing Details (if different from above)**Address: City:  State:  Zip Code/Postal Code: Country:  Phone:  Email: **Cancellation Policy**

Registration refunds less a \$100 processing fee per registrant will be granted to cancellations received in writing by 9/27/2013. No refunds will be granted after 9/27/2013. Substitution for a paid registered attendee may be made at any time.

**Submit Registration Form to:**

ECCMA

2980 Linden St, Suite E2, Bethlehem, PA 18017 USA

Fax: +1 610 625 4657 ■ email: vicky.falcone@eccma.org

**Questions?**

Contact: Vicky Falcone

Phone: +1 610 861 5990

Email: vicky.falcone@eccma.org