

HOW TO CONDUCT MEANINGFUL AIRFLOW STUDIES - One-Week Program

SESSION 1: August 13-17, 2012 **REGISTRATION FEE:** \$4,295.00 U.S. Dollars

PROGRAM DETAILS:

Learn how to identify the rationale, frequency and expectations for performing airflow visualization evaluations. Hands-on training using various types of "fog generators" – learn the benefits and disadvantages of each. Learn what facility requirements must be met prior to conducting an airflow study and what steps should be taken after an airflow study prior to manufacturing.

LOCATION: The program is held at:

Johnston Community College Workforce Development Center
135 Bestwood Drive
Clayton, NC 27520
Tele: 919.209.2591

HOW TO REGISTER:

Via Fax: Print and complete this form and fax to: **949.215.3657**
Via Scan: Print, complete and scan this form and email to: **ggardner@aseptictraining.com**
Via Mail: Complete this form and mail with payment (check written to **Aseptic Training Institute**) to:

Aseptic Training Institute, LLC
PO Box 219
El Granada, CA 94018

Questions? Please contact Aseptic Training Institute, LLC at: **949.716.8414** or e-mail: **ggardner@aseptictraining.com**

Please note that registration fees include: course registration/material, continental breakfast, break refreshments, lunches and internet connectivity at the facility. Airfare, hotel accommodations, rental cars, meals (except listed above) and other fees are **not** included in course registration. Cost of course is refundable if cancellation is received at least 14 days prior to start of course. Otherwise, if less than 14 days prior to the start of the course, you can reschedule or send a replacement.

PLEASE PRINT OR TYPE CLEARLY (*Required)

Prefix* _____ First Name _____ Last Name _____
 Job Title* _____ Special Meal Vegetarian Kosher Gluten Free Allergies _____
 Company* _____ Meal Recommendations: _____
 Address 1 _____
 Address 2 _____
 City* _____ State/Province:* _____ Zip*: _____
 Country* _____ Bus Fax: _____ Bus Tele*: _____
 e-Mail Address* _____ Emergency Contact/Number*: _____

ABOUT YOU (Please select what best describes your experiences (current and/or past); you may select more than one):

- Microbiologist Validation Facilities Govt/ Branch _____
 QA/QC Fill Manager/Operator Engineering Other _____

PAYMENT METHOD (Registration only accepted with payment in US DOLLARS); paid registration is allowed a substitution; please provide substitution prior to start of registered course). All cards are charged in **US Dollars**.

CHECK Enclosed Payable to **Aseptic Training Institute, LLC** ✓# _____ Amount of: \$ _____

BILL Credit Card (Check One) American Express MasterCard Visa Total Amount \$ _____ USD _____

Billing address (if different f above) _____

Card Number _____ Card Verification #/expy _____

Name (exactly as on card) _____ Signature/Date: _____

Email Address of Cardholder for payment/receipt information _____